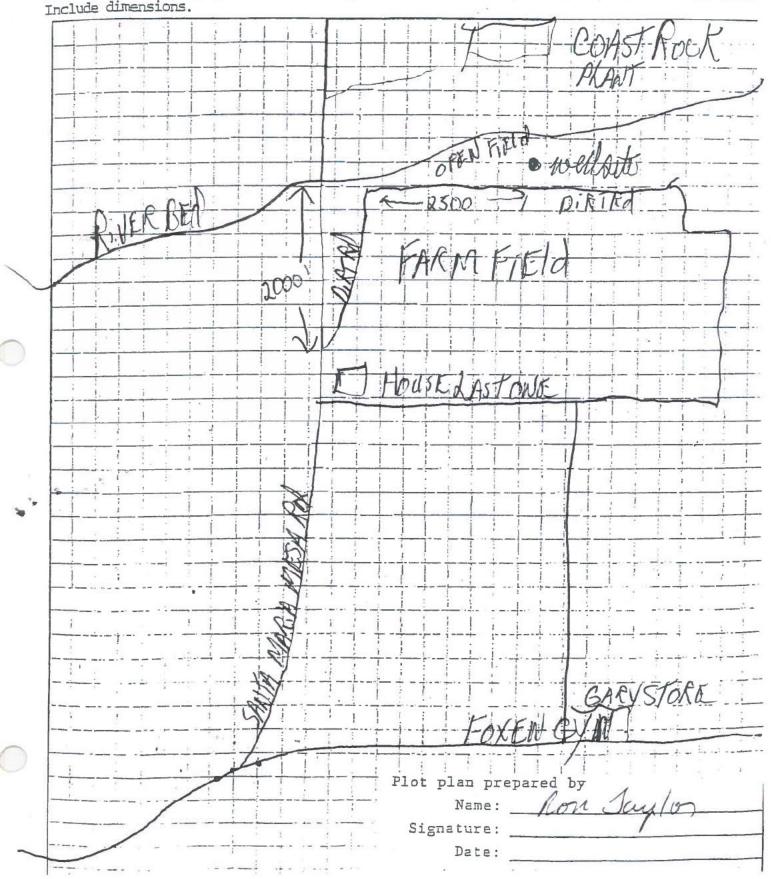
Plot Plan (%" = 20')

APN 129-100-023

Indicate below the exact location of the proposed well with respect to the following items: property lines, sewer lines and sewage disposal systems, animal enclosures, watercourses, flood plain, drainage pattern, existing wells, access roads, easements, and well site elevated linesions.



2N33W01Q

CC044

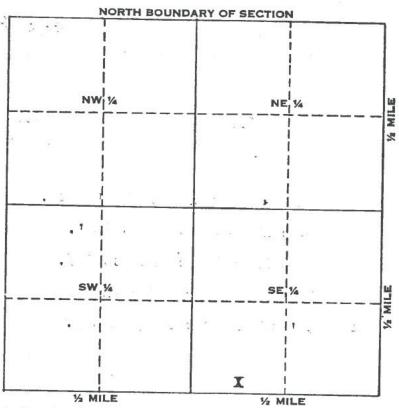
Do Not Fill In

ORIGINAL File with DWR

THE RESOURCES AGENCY DEPARTMENT OF WATER RESOURCES

Nº 64919

2	4 9	12 59	5.17	WA 170	TER W	ILL D	RILLER	S REF	PORT	State Worker W	ell No	-02/
(1) OW			-110	100	10	1110/20	(11) W/E	11 100		Other w	ell No	
Name Owen T. Rice & Son, Inc.						(11) WE						
Address							Total depth	19		Depth of completed		195 11.
11001033	Address 1910 E. Stowell Rd. Santa Maria. CA						Formation,	Describe by co	lor, character, size	of material, and str	ncture	
(2)-LOC				UA					fr	10		ft.
County Sal				Owner's number.								
Township, Ran				R-33-			7/2-7-7			2 101		
Distance from				ection			MeTT	was (origina.	Lly 1981	deep.	
	arte			SCOTOIL	-		Th. o	-11		2 4 41		
(3) TYP			(chech	1.			18 C	ottab	sed at a	about 14	.01.	
New Well		epening [ditioning K	Decembri		Twot	2724	128		405	
				ere in Item 11.	Destroying	š LI	Inst	allen	IZ" Cas	sing to	195.	
(4) PRO					(5) EQUI	DMENIT.	160.					
Domestic					Rotary	LIMICIAI:	100.	or b	errorate	ed casin	g	
Irrigation	☐ Tes	t Well		ther	Cable	S	1:51	of hi	anle sasi			
					Other		45' of blank casing on top.					
(6) CAS	ING I	NSTALL	ED:									
STEE		ОТНЕ		If	gravel pack	ted						
SINGLE X			A.		•					7		
	- 1	_						177			1.00000	
From	To		Gage	Diameter of	From	To			300			
ft.	ft.	Diam-	Wall	Bore	ft.	ft.					-	
_0	195	12	5/10	5							1777	
Size of shoe or	well ring:	12x8x	3/4	Size of gravel	1							
Describe joint		Velded				130						
(7) PER	FORA'	TIONS (OR SCI	REEN:				200				
Type of perfor	tion or na	me of screen	Mach	nine cu	ıt.							
			Perf.	Rows								
From		Го	per	per		ize						
ft.		t.	tow	ft.		x in.						
551	119	25	24	2	1/8	ж 2						
	+-											
	+-											
	+	_										
				L								
(8) CON												
Was a surface				To X	what depth	ft.						
Were any strat	sealed aga	inst pollution	Yes 🗆	No IX	If yes, note of	lepth of stratz						
From	ft.	to	ft.					1 0				
From	ft.	to	ft				Work started	1-3		mpleted 1-3	0 ,79	
Method of seal									TATEMENT:			2 0 2
(9) WA'					70		of my know	vledge and b	d under my jus belief.	isdiction and th	is report is to	ue to the best
Depth at which water was first found, if known 79 it.					7							
Standing level			-10.20		79 fc.		NAME	Long	well &	Corporation) (Typ	ad an baintadh	
Standing level			eveloping		9 it.		1	102			en or busica)	
(10) WE			_			a	Address		So. Rand			
Was pump test			1	f yes, by whom?		-		Sant	a Maria	, CA		
Yield:	20100270000	al./min. with		ft. drawdow		hrs	[SIGNED]	THEA	le No	FWell Driller)		
Temperature o				cal analysis made		• 20	1	2204	55-C57	/	4 24	70
Was electric lo	R made of	melit 162 [No X	if yes, at	tach copy		License No	201	77-47/	Dated	1-31	1979_



Township 9 N/I

Range - 33 I/W

Section No 1

A. Location of well in sectionized areas.

Sketch roads, railroads, streams, or other features as necessary.

		NORTH		
		•		
WEST		al.		EAST
271				
	-	4	- "	
		1		
		SOUTH		

B. Location of well in areas not sectionized. Sketch roads, railroads, streams, or other features as necessary. Indicate distances. REGENMED FEB 1 1979

CO. HEALTH DEPT. SANTA MARIA BRANCH

Permit	No.	2021
Dage	of	20000

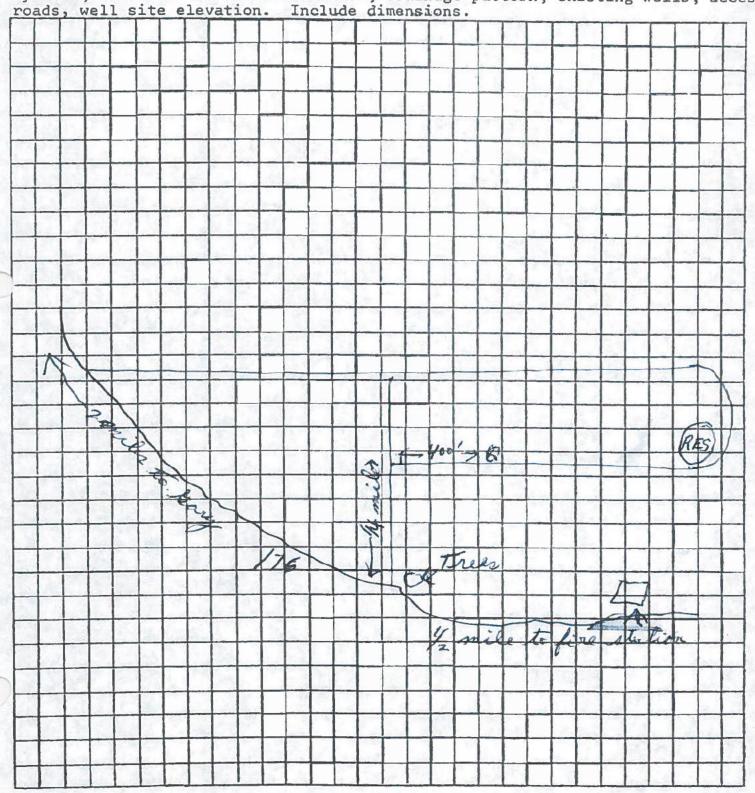
ENVIRONMENTAL HEALTH DIVISION SANTA BARBARA COUNTY HEALTH DEPARTMENT WELL PERMIT FIELD INVESTIGATION RECORD

Well Permit Application Received: Date 12 179
Site Investigation: By Greenly welly Date 112-179
Findings: Intle? will keeply existing well and grovel
0
grek 12 mely coscue a frevent allopse of the corner, he
sources & contournalises located willing soo fail & fell
/ Y'
Application Reviewed and Approved: By Adust Tweety Date 112179
Work Investigation Record
work investigation Record
Findings:
아이를 계약하는 아이 아들에게 하면 뭐 하면 있다. 그는 이 그는 그는 것이 없는 것이 없는 것이다.
Final Inspection and Approval/Denial: By Date/_/
Notice of Work Acceptance/Rejection Sent to Well Owner On/



WELL PERMIT APPLICATION Plot Plan Scale: 1/4" = 20'

Indicate below the exact location of the well with respect to the following items within 200' of the well: Property lines, sewers and private sewage systems, water bodies on watercourses; drainage pattern, existing wells, access roads, well site elevation. Include dimensions



9N 33W 2

aN33W 2A1

STATE OF CALIFORNIA

CC065

Do Not Fill In

MIO 82387

ORIGINAL File with DWR

THE RESOURCES AGENCY DEPARTMENT OF WATER RESOURCES WATER WELL DRILLERS REPORT

145	02301
State Well No.	

		21	1 53	35.65	" 170	181 4	6,4311			Other Well N	>	
							(11) WE	LL L	OG:			
Name David Mendoza							Total depth	- 2	269	for Depth of completed well	269	ft.
Address Stewart & Andrews St.										baracter, size of material, and structure		
Garey, Ca.										ft. 10	2550AV 32	ft.
(2) LOC	ATION	OF W	ELL:				0	-	4	Soil		
County Sar				wner's number	, if any		4	-	8	Sand		
					mer of		8	•	77	Gravel		
					andre		77	-	82	Sandy clay		
		n Gar					82	***	94	Gravel		
(3) TYP							94		97	Yellow clay		
New Well		pening [ditioning [Destroyin	g 🗆	97		100_	Gravel		
				ire in Item 11			100		145	Yellow sandy c.	Lay	
(4) PRO				St. Strategieren Fr	(5) EQUI	PMENT:	145		152	Sand		
Domestic					Rotary		152		161	Yellow clay		
Irrigation	☐ Tes	t Well) 0	ther 🗌	Cable	X	161	-	172	Sand		
					Other		172	-	107	Yellow clay		
(6) CAS	ING I	NSTALI	ED:	T	gravel pac	kad	187		187 211	Sand & Gravel Yellow clay	8	
为4.5		OTHE	R:	1	graver pac	neu .	211		234	Yellow sandy c	Lave	
SINGLE	DOUE	BLE [] —		1			234		250	Hard brown cla		
	1 1		-Geg-	Diameter		-	250		254	Soft yellow cl		
From ft.	fe.	Diam.	or Wall	of Bore	From ft.	To ft.	254		269	Course sand &		
0	269	8	1/4		—		200		~~/_	JOUI DO DAMA W		
	207		174									
Size of shoe or	well cine:	8x6x5	/8	Size of gras	d:							
Describe joint	9.9 -	lded						Cem	ent	plug 267		
(7) PER			OR SCI	REEN:								
Type of perto			Mil									
			Perf.	Rows								
From	7	Го	per	per	F)	Size						
ft.	2	ft.	row	ft.		x in-						
262	26	5	4	2	1/4	x 2	-				12-22-12-	
							-					
							<u> </u>					
-				-								
									-			
, ,		CTION				27					72.	
		provided?	100000		To what depth	2/ ft						
Were and Mia	^			No 🗆	ir yes, note	depth of trata	1			e de trata		
From U It. to Z/ It.					Work startes	8-	18	76 . Completed 9-14	. 76			
Method of scaling Cement around casing					1			TEMENT:				
the total of the second of								nder my jurisdiction and this rej	port is true to to	he best		
(9) WATER LEVELS: Depth at which water was first found, if known 97 it.					of my kno	wleage	and belie	7.				
Standing level before perforating, if known 97 it.						NAME	Lo	ngwe				
Standing leve					97 fc.	16	,		(Pe	erson, firm, or corporation) (Typed or	printed)	
(10) W	ELL TI	ESTS:					Address	40	3 So	. Ranch St.		
Was pump Les	t made. Y	es 🗍 No	x	If ves, by whom	?			Sa	nta	Maria, Ca.		
Yield:	E	al./nán. with		í t. drawda	wn al ter	hrs.	[SIGNED]	4,3	in	Centrale		
Temperature	of water		Was a chemi	cal analysis ma	de? Yes 🔲 📑	No 📆	-	,, ,		(wg Duller)		
Was electric log made of well? Yes [] No 54 If yes, attach copy						License N	23	0155	-C57 Dated 9	-15	976	

Permit No. 0300 WELL PERMIT APPLICATION

Page 1 of 2 pages

TO: Environmental Health Di Santa Barbara County He		Date 7/1/76
Name of Well Owner	(6)	
Mailing Address 4;		
Street,	r.o.	State Sip Gode
	inity Map Attached [(Check)	
Assessor's Parcel No. 129	-080-06	스타일 하는 아이들의 사람들이 없다.
Township 9 N Range	33W Section	Rancho
Name of Well Driller MER	LE TAYLOR	Home 5 3060
Company Name LONG WELL	+ TAYLOR -	WORK SHSYY
Business Address 403 5, R	ANCH, SANTA MARIA	Date of Work
Contractor's License No. 2:		Start 7 //0/76 Finish / /
Permit Type (Check)	Well Use (Check)	Drilling Method (Check)
Construction 🔽	Domestic 🔀	Rotary 🗌
Repair/Modification	Agriculture	Cable Hay phone 7/2/76
Destruction	Cathodic	Other
Abandonment	Test	
Proposed Depth 300 ft.	Casing Inf	formation
Well Bore Diam 12 in. Minis	num Type: Steel X PVC	Other
Sealing Material (Check)	Wall/Gagein.	
Neat Cement Clay	Diameter 8 in.	50'SEAL. by phone 7/3/76
Cement Grout Concrete	7/2/76.	
Additional Work Description:		
For Department Use Only	I hereby agree to comply with	all regulations of the County of
Application Disposition:	Santa Barbara pertaining to w	vell construction, repair, modifi-
Approved DAO		donment. I will furnish the County well log upon completion of well
Denied	construction.	A spon completion of well
Comments	Signed Janes L. Me	ndor 711176
Commence	Applicant	Date
	V	0
\$ Fee paid on 7/1		Que S.B. Sol
Receipt No. X 269683	Name	
heceipt no. A 207015	7-2-7	S.M. Lom

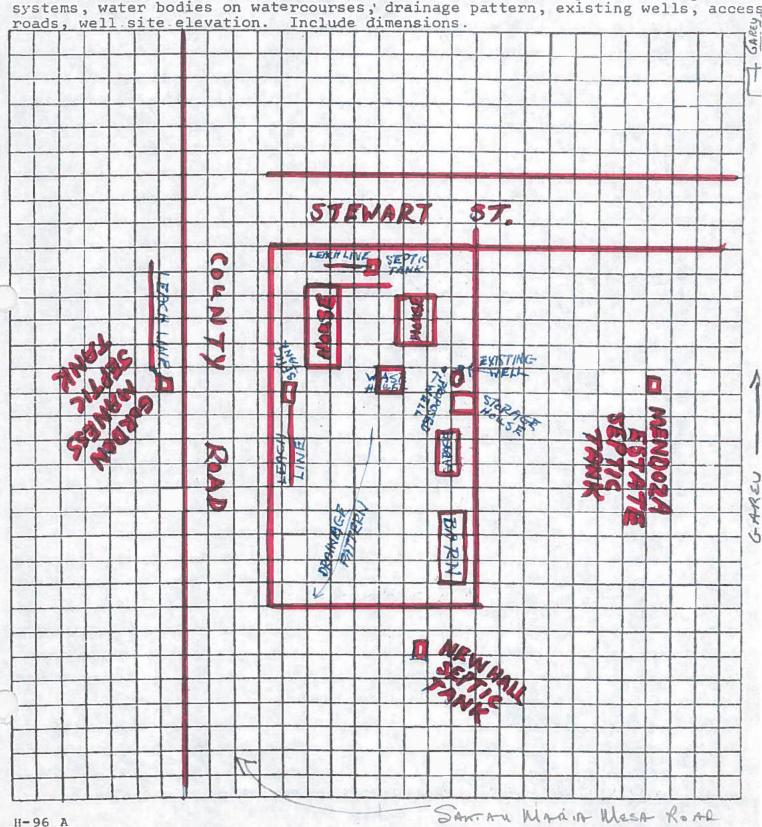
10/75

S.B.Co.H.D.

H-96

WELL PERMIT APPLICATION Plot Plan Scale: 1/4" = 20'

Indicate below the exact location of the well with respect to the following items within 200' of the well: Property lines, sewers and private sewage systems, water bodies on watercourses; drainage pattern, existing wells, access roads, well site elevation. Include dimensions.





COURT HOUSE

COUNTY OF SANTA BARBARA

CHLIFORNIA

Lawrence Hart, M.D., M.P.H. 900 W. Foster Rd. Director Health Care Services

P.O. Box 486 Santa Maria, 93454 Ph: 937-6365

Veteran's Memorial Bldg. P.O. Box 1085 Lompoc, Calif. 93436 Telephone 735-1022

September 21, 1976

Mr. David Mendoza Stewart & Andrews Street Garey, CA 93454

SM Env. H1th #14 3/76

Re: Water Well Permit No. 0300 Stewart & Andrews, Garey

Dear Mr. Mendoza:

destruction of the water well located or said work to have been performed in comp Water Well Ordinance.	construction, modification, abandonment or n the subject property and has determined pliance with the requirements of the County
Comments: Please install	sampling hose-bib at the well site.
destruction of the water well located on that said work was <u>NOT PERFORMED</u> in comp Water Well Ordinance. No clearance can	construction, modification, abandonment or n the subject property and has determined pliance with the requirements of the County be granted by this department until the
following is completed:	
If any additional information per contact me at the Health Center designat	rtinent to this matter is desired, please ted below.
Santa Barbara, 4440 Calle Real	964-8848
X Santa Haria, 900 W. Foster Road	937-6365
Lompoc, H and Locust Streets	736-5621
Solvang, 1745 Mission Drive	688-5544
	/s/ David Pierce
cc: Well Contractor	Public Health Sanitarian Environmental Health Division

Permit	No.	0300
Page _	of	pages

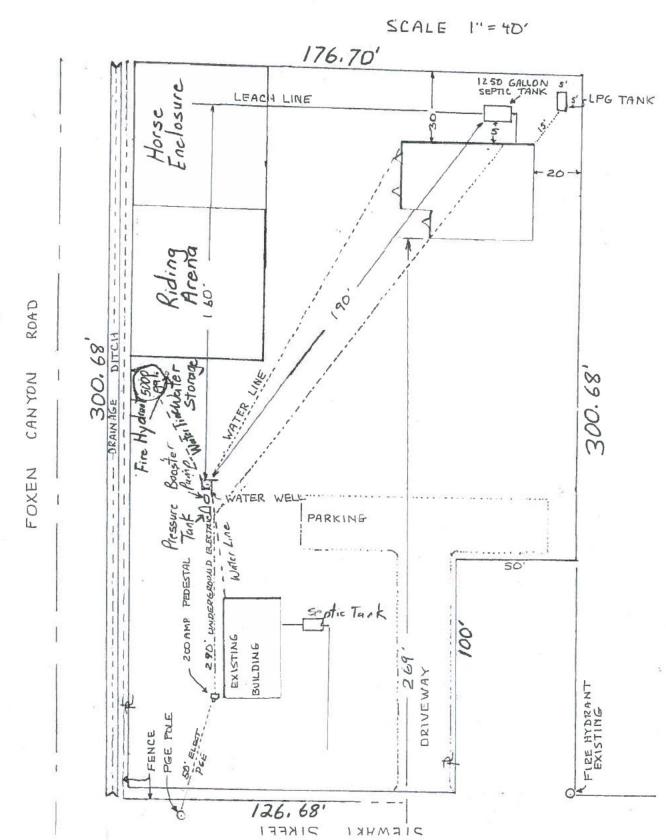
ENVIRONMENTAL HEALTH DIVISION SANTA BARBARA COUNTY HEALTH DEPARTMENT WELL PERMIT FIELD INVESTIGATION RECORD

well rermit Application Received: Date ////
Site Investigation: By David Pierce Date 7/2/76 Findings: in/ Arnold Junchy-
Findings: in/ Arnold Junchy-
Well site satisfactory, Proposed well will be drilled within
3' of existing well. Daylor has vienfied he can do this
Note: sintable storage & pressure took facilities existing
De out Til danne of the time to
Do patential source of contamination from septic lank waste.
712176 Confirmed by Mis Mendozo. Willing Welhood: Cable
7/2/76 Confirmed of Mis Mandons Dilling Welhod: Cable Seal Depth: 50' w/ Cement grout. Application Reviewed and Approved: By Dailed Dem Date 7/2/76
Work Investigation Record
Findings: 8-1276 Duamosod Real depth 1/ Taylor - The well
will not be used as commenty well - 20' defile is a defente
if decided by applicant 4-13-76 WELL SEALING SEAL DE DTH measure
at 28' Will-drilled 8" cosing to a depth of 269'
WATER CUEL is 97' Perforations 262'-265' Cly tube
Theo been installed. HOSEBIB WILL BE INSTALLED - Well log
received 9/17/76 9/20/76 Final inspection SEAL completed -OK
Installation of hosekib at well site needed.
*
Final Inspection and Approvab/Denial: By Deniel V. Riece Date 9/2/176
Notice of Work Acceptance/Rejection Sent to Well Owner On 9 / 3/ /76 .

SANTA BARBARA COUNTY • ENVIRONMENTAL HEALTH SE Single Parcel Water System Permit Application 2. Project Location: Assessor's Parcel # Street Address: CA STATE 7IP 3. Number of Existing Water Connections: 4. Water Source Location: Number of New Water Connections: On Project Property Type of New Water Connection(s): Kesidential Off-Site (Assessor's Parcel # 129-080-002) Commercial Building Single Family Residence Mobile Home Additional Dwelling Unit Water System Source: 6. Well Data: Well Horizontal Well Date Drilled: Spring Creek / Stream Welll Permit # If the source is a well, please complete the attached schematic diagram. If the source is a spring, horizontal well or creek/stream, attach appropriate schematic. M Construction Modification Other Water Source: 9. Proof of Ownership Public Private X None Copy of Grant Deed (please attach) Exclusive Ownership (Page 4 of this application) Easement Rights 10. Source Yield / Pump Test Report: 11. Water Quality Chemical Analysis: (From test completed in last 5 years) (From test completed in last 3 years) □ No treatment required □ Treatment required (Attach analysis & indicate treatment equipment on schematic. Gallons Per Minute: Treatment form & equipment specifications are required.) 12. Certification of Applicant(s) In accordance with the requirements of County Ordinance, I (we) do hereby make application for a permit to construct an Single Parcel Water System and certify that the above information is true and correct. Additional permits other than those from Environmental Health Services may be required prior to the installation of the water system. Please contact the Planning and Development Department at (805) 568-2000 or (805) 934-6250 for more information. APPLICATION DISPOSITION: Signed **Environmental Health Specialist** When approved by an authorized representative of Environmental Health Services, this application shall become a Permit to Construct a Single Parcel Water System. Approval, when granted, is based entirely on the review of information submitted by the applicant and is not a guarantee as to the future quality or quantity of water which will be provided by the water system. Permits are valid for three years from date of issuance. Permits are not transferable unless the new property owner makes proper application. fee paid on D Prior to Occupancy: 1. Disinfect and flush the completed water system. 2. Call Environmental Health Services for final inspection and bacteriological sampling. Receipt # 1092124 9C#6233 3. Submit a chemical analysis of treated water (if treatment is required). Complete application accepted for processing: 4. Obtain written occupancy clearance from Environmental Health Services and the Building and Safety Division. Ву

Date





pumps / motors

www.h2owes.com Contractor Lic.# 725485



1/3/02

Re: 24 Hour Well Test At SWL 84'	(b)	(6)
----------------------------------	-----	------------

Time	Sec.	GPM	PWL
8:00 A.M.	19	15.8	84'
8:02	19	15.8	86'
8:04	20	15	87'
8:06	20	15	88′
8:10	20	15	90'
8:15	20	15	93'
8:20	21	14.3	94'
8:30	21	14.3	94'
8:45	21	14.3	94'
9:00	21	14.3	94'
9:30	21	14.3	94'
10:00	21	14.3	94'
10:30	21	14.3	94'
11:00	21	14.3	94'
12:00 Noon	21	14.3	94'
1:00	21	14.3	94'
2:00	21	14.3	94'
3:00	21	14.3	94'
4:00	21	14.3	94'
5:00	21	14.3	94'
6:00	21	14.3	94'
7:00	21	14.3	94'
8:00	21	14.3	94'
9:00	21	14.3	94'
10:00	21	14.3	94'
11:00	21	14.3	94'
12:00Midnight	21	14.3	94'
1:00	21	14.3	94'
2:00	21	14.3	94'
3:00	21	14.3	94'
4:00	21	14.3	94'
5:00	21	14.3	94'



2773 Southview Ave. Arroyo Grande, Ca. 93420

(805) 481-1286

		The Contract of Cu.	
pumps / motors		www.h2owes	.com Contractor Lic.# 725485
			2011 123403
Time	SEC	GPM	PWL
6:00	21	14.3	94'
7:00	21	14.3	94'
8:00	21	14.3	94'
Recovery			
8:01	0	0	89'
8:03	0	0	88.5′
8:05	0	0	88'
8:10	0	0	86'
8:15	0	0	84.5'
8:20	0	0	84.5'

Timed Volumetric / 5 Gallon Container

6" PVC Well 3/4 HP 230 Volt 1 Phase Sub. Pump

Wes Mello / Owner

Wes mello

Mello & Son's Pumps & Motors

2773 Southview Ave.

Arroyo Grande, Ca. 93420

481-1286

SINGLE PARCEL WATER SYSTEM CONSTRUCTION RECORD

Owner:
Assessor's Parcel Number: 129-080-022
Connection Number of Z Connection(s)
Source Construction: WELL OK
Burneled and Brooms Tools(s). But any & D
Pump(s) and Pressure Tank(s): RMPS & PRESSUR TANK OK
Storage: STORAGE TANK 5000 BALLONS OK
Distribution Piping: PIPING OK 3-14-02
Treatment Unit(s): M/A
Final Chemical: 12-31-01 Final Bacteriological Sampling: 3-14-02 (FAILEI)
Final Inspection: 3-14-02
Cleared for Occupancy: 3-26-02 By: Am R Florely (Date) By: Am R Florely Environmental Health Specialist

SPWSCIR.FRM

CLINICAL LABORATORY OF SAN BERNARDINO, INC.

21881 BARTON ROAD

GRAND TERRACE, CA 92313

GENERAL MINERAL & PHYSICAL, & INORGANIC ANALYSIS (4/95) Sample ID No.M19449-1A

Date of Report: 12/31/01 Laboratory

Signature Lab

Name: CLINICAL LABORATORIES OF SAN BERNARDINO Director:

Name of Sampler: J RANDALL

Employed By: CLINICAL LAB

Date/Time Sample Date/Time Sample Date Analyses

Collected: 01/12/11/1045 Received @ Lab: 01/12/12/1200 Completed: 01/12/19

System System

Name: RANDY DEASEE

Number: 42CXX61

Laboratory Code: 3761 *

Name or Number of Sample Source: WELL

********************** User ID: 42C Station Number:

Date/Time of Sample: |01|12|11|1045| YY MM DD TTTT

YY MM DD

Date Analysis Completed: |01|12|19| Phone #:_ Submitted by: *************

	MCL	REPORTING UNITS	CHEMICAL	ENTRY #	ANALYSES RESULTS	DLR
2		mg/L	Hardness, (Total) as CaCO3	00900	520	2.0
		mg/L	Calcium (Ca)	00916	130	1.0
		mg/L	Magnesium (Mg)	00927	55	1.0
		mg/L	Sodium (Na)	00929	70	1.0
		mg/L	Potassium (K)	00937	ND	1.0
T	Total	Cations	Meq/L Value: 14.1			
-		mg/L	Alkalinity, (Total) as CaCO3	00410	220	1.0
		mg/L	Hydroxide (OH)	71830	ND	1.0
		mg/L	Carbonate (CO3)	00445	ND	1.0
		mg/L	Bicarbonate (HCO3)	00440	260	1.0
	*	mg/L+	Sulfate (SO4)	00945	380	0.5
	*	mg/L+	Chloride (Cl)	00940	32	1.0
	45	mg/L	Nitrate (as NO3)	71850	9.6	2.0
	**	mg/L	Fluoride (F) Temp. Depend.	00951	0.30	0.1
T	Total	Anions	Meq/L Value: 13.3			
_		Std.Units+	pH, Laboratory	00403	7.2	
	***	uS +	Specific Conductance (E.C.)	00095	1200	10
	****	mg/L+	Total Filterable Residue at 180C (TDS)	70300	800	1.0
		Units	Color, Apparent (Unfiltered)	00081	ND	3
		TON	Odor Threshold at 60 C	00086	1	1
		NTU	Turbidity, Laboratory	82079	0.2	0.1
	0.5	mg/L+	MBAS	38260	ND	0.02



MCL	REPORTING	CHEMICAL	ENTRY	ANALYSES	DLR
	UNITS		#	RESULTS	
1000	ug/L	Aluminum (Al)	01105	ND	50
6	ug/L	Antimony (Sb)	01097	ND	6.0
50	ug/L	Arsenic (As)	01002	ND	2.0
1000	ug/L	Barium (Ba)	01007	ND	100
4	ug/L	Beryllium (Be)	01012	ND	1.0
5	ug/L	Cadmium (Cd)	01027	ND	1.0
50	ug/L	Chromium (Total Cr)	01034	ND	10
1000	ug/L+	Copper (Cu)	01042	ND	50
300	ug/L+	Iron (Fe)	01045	ND	100
	ug/L	Lead (Pb)	01051	ND	5.0
50	ug/L+	Manganese (Mn)	01055	ND	20
2	ug/L	Mercury (Hg)	71900	ND	1.0
100	ug/L	Nickel (Ni)	01067	ND	10
50	ug/L	Selenium (Se)	01147	ND	5.0
100	ug/L+	Silver (Ag)	01077	ND	10
2	ug/L	Thallium (T1)	01059	ND	1.0
5000	ug/L	Zinc (Zn)	01092	ND	50
		ADDITIONAL ANALYSES			
	С	Source Temperature C	00010	12.8	
		Langelier Index Source Temp.	71814	-0.13	
		Langelier Index at 60 C	71813	0.75	
		Agressiveness Index	82383	12.03	
	ug/L	Vanadium	01087	ND	3.0
	ug/L	Boron	01020	100	100
10000	ug/L	Nitrate + Nitrite as Nitrogen(N)	A-029	2200	400
1000	ug/L	Nitrite as Nitrogen(N)	00620	ND	400
200	ug/L	Cyanide	01291	ND	100
		+ Indicates Secondary Drinking Water	Standards		

BACTE	RIOLOGICAL EXAMINATION OF DRINKIN	G WATER
exaction Address_L	(6)	Laboratory # 354f ——Permit #SR1023
mple Point MASTER BATT	TROOM FAUGE	Source WELL
me of Sample: () Routine (X) Repe	eat () OtherSanitary Notes:	
		Cl ₂ O
ollected by T. HAMLIN D	ate/Time 3-25-021 9:55AM	Notification Phone #346-846
PA	- T, COLIFORMS	The state of the s
structions to Laboratory: BA	PUBLIC HEALTH LABORATORY USE ON	TLY .
	3/25/21 1021 an	NOTIFICATION
Date/Time Received Date/Time Planted	3)25/00 1 1022 am	
Date, Time Tantou	Total Coliforms: Absent ()	Person Notified
MMO/MUG	E. coli: Absent () Present ()	Date/Time Notified/
Other Method - Specify	Total Coliforms: Absent () Present ()	Notified by
	E. coli () or Fecal Coliforms (): Absent () Present ()	Comments:
Date/Time Reported	Tested by	
	-0	4.78
Opinion SATIS FACT	Dily Gimm	L'Ham lu
	Signed Killing	RONMENTAL HEALTH SERVICES
170 FE Day 17/02	4111	



Environmental Health Services

2125 S. Centerpointe Pkwy., #333 • Santa Maria, CA 93455-1340 805/346-8460 • FAX 805/346-8485

Memorandum

То:	Planning & Devlopment Departm Building & Safety Division Santa Barbara	ent Santa Maria	Buellton
From:	James R. Hamlin, R.E.H.S. Senior Environmental Health Spec	cialist	
Date:	March 26, 2002		
Subject:	Water Supply Approval for Occup	pancy Clearance	
Permittee's Na Project Locati Assessor's Par			
Water System	Type: Single Parcel	Multiple Parcel	
	☐ Public - Name:		
		Permit No.: SR0102	354
Final Inspection	on	Date: 03/14/2002	
Bacteriologica	al Analysis Satisfactory	Date: 03/26/2002	
Chemical Ana	alysis Satisfactory	Date: 12/31/2001	
On the above requirements	basis, the water supply for this pof:	roject is from an approve	ed source and meets the
	County Ordinance No. 4181	California Safe D	rinking Water Act
	y is therefore approved for occup- ldition of connections to habitable.		
pc: Proper	rty Owner(s)		

32(1)07.43

(co67

TRIPLICATE Owner's Copy

THE RESOURCES AGENCY

DEPARTMENT OF WATER RESOURCES WATER WELL DRILLERS REPORT

Do not fill in 316885

No.

34 53 25.95 State Well No. . Notice of Intent No. APN 129-090-003 8669 Other Well No -Local Permit No or Date -(12) WELL LOG: Total depth 304 ft. Completed depth 304 ft (1) OWNER: Address _ ft. Formation (Describe by color, character, size or material) 35 rockand sand City . 68 clay and gravel 35 (2) LOCATION OF WELL (See instructions): sand and pea gravel County Santa Barbara Owner's Well Number 2 88 brown clay Well address if different from above _ 88 100 saad and small gravel _ Range _ 100 105 clay Distance from cities, roads, railroads, fences, etc. 105 110 coarse sand and 120 110 120 130 sand and gravel 150 sandy Clay (3) TYPE OF WORK coars sand and grave 150 -280 New Well X Deepening 280 286 Reconstruction and. grave Reconditioning Horizontal Well Destruction [| Describe destruction materials and procedures in Item 12) (4) PROPOSED USE Domestic Irrigation Industrial Test Well Municipal Other (Describe) WELL LOCATION SKETCH GRAVEL PACK (5) EQUIPMENT No Rotary T Cable Air Diameter of bore Other Bucket Packed from _304 (7) CASING INSTALLED (8) PERFORATIONS. Steel Type of perfection or size of street Plastic L Gage or Stot From Dia Ewno Wall M size ft. In 214 125 (9) WELL SEAL: Was surface sanitary seal provided? Yes 📮 No 🗌 If yes, to depth _ Were strata sealed against pollution? Yes \(\square\) No \(\square\) Interval. Method of sealing _ __ 19-00 Completed_ Work started____ WELL DRILLER'S STATEMENT: (10) WATER LEVELS: Depth of first water, if known ... This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. Standing level after well completion (11) WELL TESTS: Signed _ No 🗌 (Well Driller) If yes, by whom? Was well test made? Yes 🗌 Ron Raylor Drilling Type of test Air lift Pump Bailer NAME. (Person, firm, or corporation) (Typed or printed) Depth to water at start of test .. At end of test _ Address 2801 Mahoney Rd. hours Water temperature -Discharge _____ gal/min after _ City _ Santa Maria, CA ZIP 93455 Chemical analysis made? Yes No [] If yes, by whom? C57-523-85 Pate of this report 5/29/90 Was electric log made Yes No. _ If yes, allach copy to this report License No. -



June 29, 1990

COUNTY OF SANTA BARBARA • HEALTH CARE SERVICES

315 CAMINO DEL REMEDIO ● SANTA BARBARA, CALIFORNIA 93110 ● (805) 681-5200

Subject:	Well Con	pletion	Report	
Water Well	l Permit	Number:	8669	
Address:	(b) (6)			
A.P.#:	129-09	0-003		

This Department has reviewed the construction of the water well located on the subject property and has determined said work to have been performed in compliance with the requirements of the Well Drilling Ordinance, Chapter 34-A of the Santa Barbara County Ordinance, and the well construction is complete.

Please be advised that if you intend to use this well to supply domestic water, it will be necessary for you to meet the requirements of Chapter 34-B of the Code, including, but not limited to: pump testing, chemical analysis and water system design approval prior to construction. A copy of the water system ordinance is enclosed for your review.

Application forms and information for water system permits are available from Environmental Health Services Division. The Building Official will require that you obtain a permit for the water system prior to issuance of building permits.

If you have any questions concerning this matter, please contact the undersigned.

Sincerely,

Lawrence Hart, M.D.

Director and Health Officer

Nick Coummond

Environmental Health Officer

CC: Assessor's Office

03/89

KX

500 West Foster Rd. Santa Maria, CA 93455 (805) 934-6223

BRANCH OFFICES

751-B East Burton Mesa Lompoc, CA 93436 (805) 737-7744



1

Permit	No.	8669	
Page	of	pages	_

ENVIRONMENTAL HEALTH DIVISION SANTA BARBARA COUNTY HEALTH CARE SERVICES WELL PERMIT FIELD INVESTIGATION RECORD

129	-090 -	.03
	- / -	

- 12 P 1/ 2 - 1/ Paradonal Pata	1. 125 190
Well Permit Application Received: Date	
Site Investigation By Al. Bummer &	Date 6 / 26 / 90
Findings: (Check applicable boxes and g	ive clearance)
Overhead Power Lines	Animal Enclosure
Sewer Lines	Creek or Watercourse
Leach Field	Petroleum Tank or Pipeline
Cesspool/Drywell	Other
Site meets all settreck requirement	Dionership congermed
Through accessors office	
Application Reviewed and Approved: By_	Vand Brummond Date 6 121 190
Work Investigation Record	
Date 6 128 190	Well Site #:
Casing Information	Borehole
Type: Steel PVC Other	
Class/Gage/NSF: DDR 2/	Annular Seal Depth:
ASTM#:	Well Bore Diameter: 12 in .
Diameter: 6" Total Depth: 304	Sealing Material: Ciment
Casing Schedule	Amount:
0' - 214' = Blank	Method of Pour:
214 - 304 = Reforated	Use of Tremie: No
	Driller(s):
Comments:	•
Final Inspection and Approval/Denial: B	y. D. Burnmond Date 6 129 190
Notice of Work Acceptance/Rejection Sen	t to Well owner On 6/89/90
W_320D Pey 12/89	

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Permit No. _____ Page 1 of 2 pages

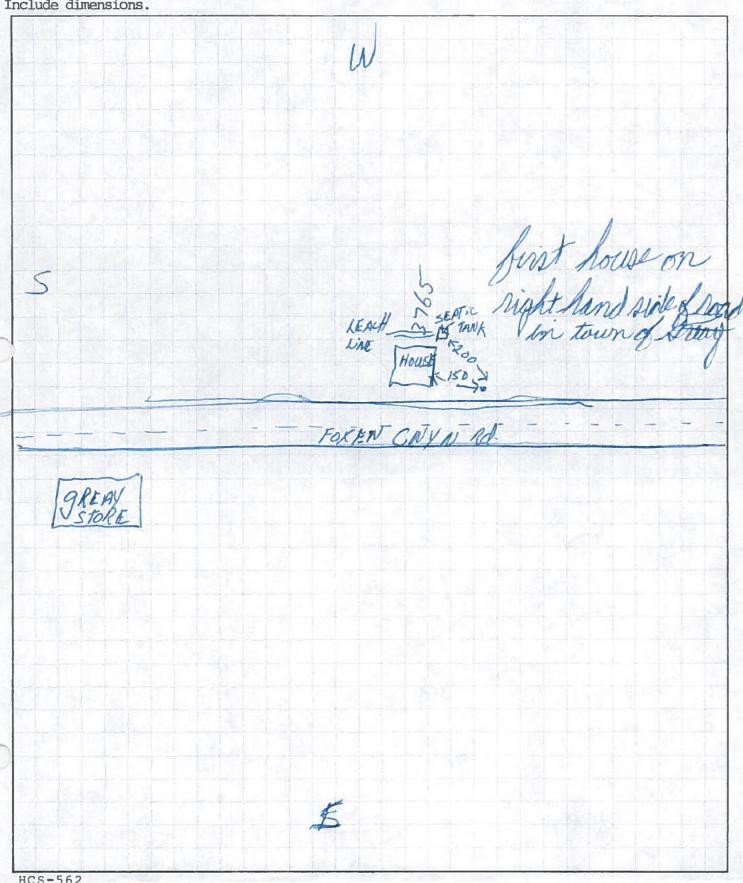
WELL PERMIT APPLICATION

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ree to comply with all regulations of th	ne County of S	Santa Barbara
to well construction, repair, modificati	on, destructio	n and inactiva-
tes a complete well log upon completio	n of well cons	truction.
6/ 10/		
Hon Valler		2-25190
Applicant		
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roed Jummont	1	S.B. Sol.
26-90		S.M. Lom
ES, THIS APPLICATION IS A PERMI		OPERCED CHALL BE
	Street Address 3765 Section Section	Street Address 3765 Foxlow Section Rancho Rancho Date of Work Start 6 266 Rotary Cable Other Steel PVC Other Gage in. Jar Seal Depth 20 ft. Rotary of the County of the Count

WELL PERMIT APPLICATION Plot Plan (%" = 20')

Permit No.
Page 2 of 2

Indicate below the exact location of the proposed well with respect to the following items: Property lines, sewer lines and sewage disposal systems, animal enclosures, watercourses, flood plain, drainage pattern, existing wells, access roads, easements, and well site elevation. Include dimensions.



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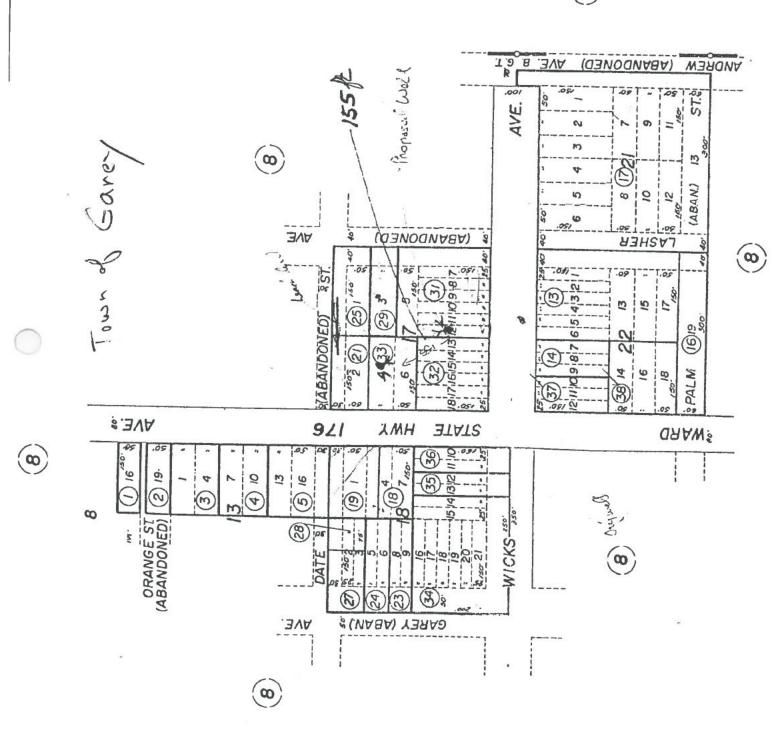
Do not fill in

No. 139219

THE RESOURCES AGENCY DEPARTMENT OF WATER RESOURCES WATER WELL DRILLERS REPORT

Notice of Intent No. _ State Well No. 3362 Local Permit No or Date_ Other Well No. Harry Goodchild 330 ft. Depth of completed well_ (1) OWNER: TOB (12) WELL LOG: Total depth_ Address Santa Maria CA 93454 ft. Formation (Describe by color, character, size or material) City_ Surface soil (2) LOCATION OF WELL (See instructions):
Ominty Santa Barbara Owner's Well Nu 65 Coarse sands Owner's Well Number. 65 77 Clav Well address if different from above 125 Coarse to fine gravel, some Township Sisquoc 129-090-31 sands, little elay Distance from cities, roads, railroads, fences, etc. 125 173 clay, very little gravel Coarse to fine gravel, little 173 185 clay Clay, little coarse gravel 205 185 (3) TYPE OF WORK: Gravel, sand little clay 205 New Well Deepening 290 clay and coarse gravel Reconstruction Recorditioning Horizontal Well Destruction | Describe destruction materials pro-procedures in Item 12 (4) PROPOSED TSR Domestic Irrigation Industrial Tex Well 6 Stock Municipal WELL LOCATION SKETCH Other (5) EQUIPMENT: (6) GRAVEL PACK: EX No Size Rotary VA DX No D Reverse [Dangeter of bore 12 to 35, Cable Packed from bottom to 65 Bucket (8) PERFORATIONS: (7) CASING INSTALLED Type of perioration or fize of screen Steel [Plastic P Coherete C Slot From Dia. From Wall .125 x 20 row 214 302 0 302 Qu. 200 (9) WELL SEAL: Was surface sanitary seal provided? Yes A No [] If yes, to depth_ No Interval Were strata sealed against pollution? Yes [10/19 84 Method of sealing pumped cemant Wirk started 19 (10) WATER LEVELS: WELL DRILLER'S STATEMENT: Depth of first water, if known This well was drilled under my jurisdiction and this report is true to the best of my 701 Standing level after well completion, E. Stewart Johnston (11) WELL TESTS: SYVWS (Well Driller) Was well test made? Yes Pump No [] If yes, by whom?_ Air lift 102 Type of test Santa Ynez Valley Well Service Builer [70 Depth to water at start of test_ ft. At end of test_ P.O. Person in Superporation (Typed or printed) charge 150 gal/min after_ Address No If yes, by whom? City Buellton CA 93427 Chemical analysis made? Yes 10/22/84 210488 Was electric log made? Yes No [] If yes, attach copy to this report Date of this report

DWR 188 (REV. 7.76) IF ADDITIONAL SPACE IS NEEDED, USE NEXT CONSECUTIVELY NUMBERED FORM



(9)

Harry Gordenild

ENVIRONMENTAL HEALTH DIVISION SANTA BARBARA COUNTY HEALTH CARE SERVICES WELL PERMIT FIELD INVESTIGATION RECORD

Permit	No.	33/02
Page _	_ of	pages

Well Permit Application Received: Date pre 19 1 1984
Site Investigation: By Warda Work DateCot 19 11984
Findings: Well site approved - no possible atticos of mandamination.
the leach units and field indicated on particl prap. Well to serve as replacement
for water often since present news chains wher from another pained causes the
start was seal amicipital so be soft for juture smill valor system.
Application Reviewed and Approved: By Frima Word Date Off 19 11984
Work Investigation Record
Findings: Mtole / 22 1994 Well dulled to a diale a 230 of
Findings: October 22, 1984 Well drilled to a depth of 330 fret
036/ing 19t at 250ft, purpositions 1921 at 215. Cement pumped 108
depth of ~ 58-feet a rancition devicent . 128 8-pet was sow graving prived.
Final Inspection and Approval/Denial: By Trenda Wing Date 10 1.99 164
Notice of Work Acceptance/Rejection Sent to Well Owner On /

9133WOZHZ CC070

TRIPLICATE Owner's Copy

STATE OF CALIFORNIA THE RESOURCES AGENCY

DEPARTMENT OF WATER RESOURCES

Do not fill in

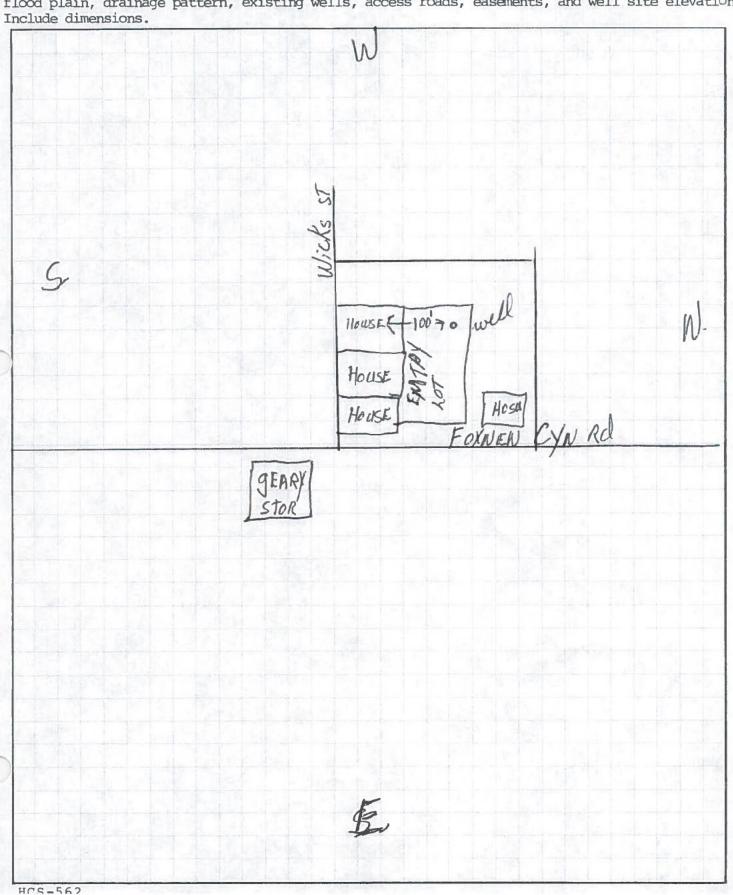
WATER WELL DRILLERS REPORT

No. 316880

Local Permit No. or Date 9	39	59	53 10	7.99	170 19 0.01	State Well No. Other Well No.			
(1) OWNER: Name_St	eve Rea	soner		(12) W	ELL LOC: Total da				
Address Santa Maria	Conto Mari					(12) WELL LOG: Total depth 304 ft Completed depth from ft to ft Formation (Describe by color, character, size or material			
	ZIP 93454	4	0 - 5 dirt	Describe by color,	character, size or material)				
(2) LOCATION OF WEL	L (See instr	uctions):			5 - 15 clay	Control of the last			
County Santa Barba	raown	er's Well Number	2	1!		and grav	Reds		
Well address if different from abo	ove			28	3- 45 large	gravel	DECI		
Township	Range	Section .		4.5	5 - 78 small	gravel			
Distance from cities, roads, railros	eds fences etc			78		el and cl	av		
APN 129-090-03	5				- 100 coars	e sand a	nd gravel		
			Lens No	100	- 152 clay	and grav	el		
				152	- 220 coars	sand a	nd gravel		
		(3) TYPE OF	WORK-	220	- 238 brown	elev an	d rocks		
THE TENTE STATE OF THE		New Well	Deepening [238	- 2/8 sand	and grave	91		
		Reconstruction		278	- 208 CNAV	and rock	c		
		Reconditioning	Г	288	304 sand	and grave	e1		
		Horizontal Well	51000		- //				
		Destruction	(Describe	12	- (0	7			
		destruction mate cedures in Item	erials and pro	17	An A	2)	COLUMN TO THE REAL PROPERTY.		
		The state of the s		1 11	7 (1)	100			
		(4) PROPOS	ED USE:		- 6.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	>		
		Domestic			-110	A 50.			
		Irrigation			A 11 01	57 13			
		Industrial	01	(0)	10 0	(8)			
		Test Well		2010	A	0			
		Municipal	V 5	1111	- 01/10				
		Other	S	(0)	-				
WELL LOCATION SKET	TCH ((Bescribe)	0	1	-62/2	HE WATER			
(5) EQUIPMENT	(6) GRA	VBL RACK	100	0	_ 💝		NO THE RESIDENCE OF THE PARTY O		
Rotary 🗀 🗶 Reverse 🗌	Yes Qx	No Siz	(1) to 0	10	1)				
Cable Air	Diameter	of bore	9	9/1/	4	Name of the last			
Other Bucket	Racked fr	om 20%	304 F	3(())					
(7) CASING INSTALLED:	1	51		5		LA PERSONAL			
0.10	(8) PERF	DRATIONS:	0			THE REAL PROPERTY.			
7		erforation or size of	epedo (S. A. H. L.			
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ft ft in Wa	all R	Ctt /	size						
0 304 5 SDI	221 20	1 0/300	. 125						
		Chila			La Carena				
(0) 14/21 4 0/21/2		1							
(9) WELL SEAL:									
Was surface sanitary seal provided? Yes		If yes, to depth	20 ft						
	'es 🗌 No 🗌	Interval	ft.	TELES.		SALET BOOK			
Method of sealing				Work started.	7/20 190	A Completed	2 (00 (40		
(10) WATER LEVELS:			- 3	WELL DI	RILLER'S STATE	MENT:	1729790		
Depth of first water, if known	70		ft.	This well ma	e dellad under mit				
Standing level after well completion	70		ft	best of my kn	s drilled under my jur owledge and helief.	isdiction and this	s report is true to the		
(11) WELL TESTS:				Signed					
Was well test made? Yes ☐ No Type of test Pump ☐	Bailer	whom?	ur. ET	Gigireu		(Well Driller)			
Depth to water at start of test ft.	The state of the s	At end of test	lift []	NAME	Ron Taylon	Drilling			
Discharge gal/min after	hours	Water temperatu	Carried Control	Address	San Parianon	porporation) (Typed	or printed)		
Chemical analysis made? Yes 🗆 No		whom?		City	C-57-523-91	58	93455 ZIP		
	If yes, ut	ach copy to this repo	ort	License No _		Date of this re	Charles and the second		
OWR 188 (REV. 12-86)	ADDITIONAL	SPACE IS NEE	EDED. USE	NEXT CONSE	CUTIVELY NUMBERED	FORM	sport		

WELL PERMIT APPLICATION Plot Plan (4" = 20")

Indicate below the exact location of the proposed well with respect to the following items: Property lines, sewer lines and sewage disposal systems, animal enclosures, watercourses, flood plain, drainage pattern, existing wells, access roads, easements, and well site elevation. Include dimensions.





COUNTY OF SANTA BARBARA • HEALTH CARE SERVICES

315 CAMINO DEL REMEDIO • SANTA BARBARA, CALIFORNIA 93110 • (805) 681-5200

October 5, 1990

(k	16	16
	10	

Well Completion	Report	
l Permit Number:_	9139	
129-090-035		
	l Permit Number:	T TET MITE HUMBET

This Department has reviewed the construction of the water well located on the subject property and has determined said work to have been performed in compliance with the requirements of the Well Drilling Ordinance, Chapter 34-A of the Santa Barbara County Ordinance, and the well construction is complete.

Please be advised that if you intend to use this well to supply domestic water, it will be necessary for you to meet the requirements of Chapter 34-B of the Code, including, but not limited to: pump testing, chemical analysis and water system design approval prior to construction. A copy of the water system ordinance is enclosed for your review.

Application forms and information for water system permits are available from Environmental Health Services Division. The Building Official will require that you obtain a permit for the water system prior to issuance of building permits.

If you have any questions concerning this matter, please contact me at 934-6223.

Sincerely,

Lawrence Hart, M.D.

Director and Health Officer

Henry S. Ruiz

Environmental Health Inspector

CC:

Assessor's Office Resource Management

COMPLETION. HSR.

07-90

500 West Foster Rd. Santa Maria, CA 93455 (805) 934-6223

BRANCH OFFICES

751-B East Burton Mesa Lompoc, CA 93436 (805) 737-7744

Permit	No.	9139	
Page _			

ENVIRONMENTAL HEALTH DIVISION APN # /29-090-35 SANTA BARBARA COUNTY HEALTH CARE SERVICES WELL PERMIT FIELD INVESTIGATION RECORD

Well Permit Application Received: Date	7/20/90
Site Investigation By HENCY S. R.	112 Date 7 124190
Findings: (Check applicable boxes and o	give clearance)
Overhead Power Lines	Animal Enclosure
Sewer Lines	Creek or Watercourse
Leach Field	Petroleum Tank or Pipeline
Cesspool/Drywell	Other
No visable sources	or contamination
which could affect u	Deic SITE
Application Reviewed and Approved: By_	1 5R Date 7124190
Work Investigation Record	
Date 7 12990	Well Site #:
Casing Information	Borehole
Type: Steel PVC Other -	Total Depth of Well: 304
Class/Gage/NSF: SDP 21	Annular Seal Depth: 20 ft.
ASTM#:	Well Bore Diameter: 12
Diameter: 5" Total Depth: 304	Sealing Material: Concrete
Casing Schedule	Amount: 1/2 jls
0' - 204' = M	Method of Pour: gravity
- 3 = 700	Use of Tremie:
	Driller(s): Ron Taylon
Comments:	
Final Inspection and Approval/Denial: B	Date 7/30/90
Notice of Work Acceptance/Rejection Sen	-
W-320P Rev. 12/89	

U53WB2H3



Environmental Health Services

225 Camino Del Remedio, Santa Barbara, CA. 93110 ♦(805) 681-4900 2125 S. Centerpointe Pkwy., #333 • Santa Maria, CA 93455-1340 ♦ (805) 346-8460

WELL PERMIT APPLICATION SROID5 TYPE OF PERMIT (Please check the appropriate box below) FOR OFFICE USE ONLY "Modification" means the deepen-Construction or Modification \$600 (3 hrs.) * [4669] Rec'd Date: 9/15/08 ing of a well, reperforation, sealing or replacement of well casing -Rec'd By: 1 Teniente construction of one completed well 595 - \$ (2.5 hrs) * SR# 0105807 Well Inactivation [4667] Not used for a period of one year Abandonment - Complete filling of 475 - \$400 (2 hrs) * District # 207 Well Destruction [4668] the well * An hourly rate fee of \$110 will be added for those projects that require staff time in excess of that noted above. Final project approval will not be issued until all fees are paid. Attach: Plot plan indicating the location of the well with respect to the following items: 1. Property lines 7. Sewage disposal systems or works carrying or contain-2. Drainage pattern of the property ing sewage or industrial wastes within a two hundred 3. Access roads and easements (water, sewer, utility, roadway) foot radius of the proposed well Existing and/or proposed structures. 8. All perennial, seasonal, natural, or artificial water bodies 5. Existing wells within a one hundred foot radius of the proor watercourses, including location of one hundred year posed-well floodplain, if applicable 6. Animal or fowl enclosure, pens, paddocks, stockyards within a one hundred foot radius of proposed well site APPLICANT: Representation Applicant Property Owner Licensed Well Drilling Contractor Owner's Agent (Authorized in writing) Property Owner Mailing Address: Site Location: 4 Street Name City State/Zip Code (If applicant is other than Property Owner): Telephone No. () 680 3128 Applicant's Name Applicant's Address: Assessor's Parcel Number 1 2 9 - 0 9 0 - 0 4 5 Start: 9 / 8 / 63 Finish: ___/__/ Well Use: ☑ Domestic Water ☐ Agriculture Water ☐ Cathodic ☐ Test ☐ Other Drilling Method: Rotary Cable Other Other Water Sources: Public Private Nonc

Well Bore Diam. in. Sealing Material (Check) ☐ Neat Cement ☐ Clay

Proposed Depth

☐ Cement Grout ♣ Concrete

Type: Steel PVC Other in. Diameter _____ in. Annular Seal Depth 57

Additional Work Description

Wall / Gage

Note: A 50 ft. annular seal is required for wells serving multiple connections.

	LEGAL DECLARATION	SK0105807
LICENSED CONTRACTOR DECLARATION I hereby affirm that I am licensed under the provist Code (B. & P.O.) as a well drilling contractor and sur Print Name of Driller Lic. No.:	Office Telephone	of Division 3 of the Business and Professions 9-15-08 Date Cell Phone: 6803138
Business Name:	Address	
3700 of the Labor Code, for the pe	e of consent to self-insure for workers' correformance of the work for which this perm compensation insurance, as provided for by this permit is issued. My insurance carried Policy No	it is issued. y Section 3700 of the Labor Code, for er and policy number are: Date
WHEN SIGNED BY AN AUTHORIZED ENVIRON permit for the work described. Please note that clearance, grading) may also be required from ized one year from date of issuance. No changemental Health Services. Final clearance will not	SMENTAL HEALTH SERVICES REPRESENT separate permits (such as electrical installation other agencies. THIS PERMIT SHALL Eges from the approved plan are permitted to be issued until all fees are paid.	FATIVE, this application shall be deemed a ation, waste discharge requirements, land use XPIRE upon completion of the task author without prior written approval by Environ
I hereby agree to comply with all regulations o struction and inactivation. The property owne pleted well log upon completion of well constru	r, well driller, or agent will furnish Envir	commental Health Services a copy of a com
I certify that I have read this application and de complete. I hereby authorize representatives of site and work described herein for compliance v	Environmental Health Services to enter the	ormation contained herein is true, correct and the premises for the purpose of inspecting the
NOTE: After permit approval, an inspection m Environmental Health Specialist for:		rs in advance directly with the approving
The sealing of the annular space or The destruction of wells; and Any operation stipulated on the per Applicant (Print Name)	rmit to address special or unusual conditions Aprilicant's Signature	9-15-08 Date
	FOR DEPARTMENT USE ONLY	10-1
Fixed Fee: Rec'd by: Teniente Date Re Hourly Billing: Applicant notified by Plan Check Rec'd by: EH Specialist Final Clearance by Autum Comments:	ec'd:9/15/0%mt. Rec'd: \$ 7/5 0 Cr (Initials):	Date:Receipt No: ed

WHILL PERMIT APPLICATION

5RD105867

Plot Plan (%" = 20')

Page 3 of 3

4279 Wicks Ave, SM

Indicate below the exact location of the proposed well with respect to the following items:

Property lines, sewer lines and sewage disposal systems, animal enclosures, watercourses, flood plain, drainage pattern, existing wells, access roads, easements, and well site eleva-Include dimensions. DE SUL 63 0 10 2011 EXISTING 125 32/18 SEPTIC HOUSE Plot plan prepared by Name: JOAN ONTIVEWS Signature: Date:

	2			
Page		of	1	pages

ENVIRONMENTAL HEALTH DIVISION SANTA BARBARA COUNTY HEALTH CARE SERVICES WELL PERMIT FIELD INVESTIGATION RECORD

	9, 15,08
Well Permit Application Received: Date	aure Date 9,16,68
02.00	
Findings: (Check applicable boxes and g:	
Overhead Power Lines	Animal Enclosure
Sewer Lines	Creek or Watercourse
Leach Field	Petroleum Tank or Pipeline
Cesspool/Drywell	Other
Selbauls -016	
ASSESSON -OK	
Application Reviewed and Approved: By	Date 9/1/6/08
- Pocord	
Work Investigation Record	Well Site #:_
Date 10 1 108	
Casing Information Type: Steel pc Other	Borehole Z90
Type: Steel PVC Other -	Total Depth of Well.
Class/Gage/NSF: 5DRZ1	_ Annular Seal Depth:
ASTM#:	Well Bore Diameter:
Diameter: 5 Total Depth: 290	_ Sealing Material: 6 500
Casing Schedule	Amount: 25 yas
= 0: - 190 = Black	Method of Pour: Pump
190 - 290= Per	Use of Tremie: 40
=	Driller(s): Lon Juy 10
	Prilling
- / /	Davies de Maria
comments: Cap on 8 te mul	- Parcel WS Gran spore To North an
Final Inspection and Approval/Denial:	10,2,08
Notice of Work Acceptance/Rejection Se	ent to Well owner Un_/0//
W-320P Rev. 12/89	

9N33WZH4

4016

3453 16156 120.18'50.97 Permit No. 8935
WELL PERMIT APPLICATION

TO: Environmental Health Division Santa Barbara County Health		Date 4 1-14 192
Name of Well Owner	yello Well,	
Mailing Address ATE 1 Street, P.O.	Box 106A Sorta Mar	Un G. Zip Code Telephone
Well Site Location: Vicinity	Map Attached (Check)	
Assessor's Parcel No. 129-090		te & Harr al.
	Section	Rancho d
Name of Well Driller	1 11	
Company Name Kin Vig	by dilling,	
Business Address 2801	shorey st. Starte mare	Date of Work
Contractor's License No.	563 -858	Start 4 / 1982 Finish/_/
OTHER WATER SOURCE: Public [Private None	
Permit Type (Check)	Well Use (Check)	Drilling Method (Check)
Construction	Domestic	Rotary 🔀
Repair/Modification	Agriculture	Cable
Destruction	Cathodic	Other
Inactivation	Test	
Proposed Depth 3/8 ft.	Casing I	nformation
Well Bore Diam 125 in.	Type: Steel PVC X	Other
Sealing Material (Check)	Wall/Gage in.	
Neat Cement Clay	Diameter 6 in.	/
Cement Grout Concrete	Annular Seal Depth 35 ft.	10
Content Grout — Control		
Additional Work Description:	Annulas seal Japh 3	hoold be minimum 40
	hereby agree to comply with all regulation	
	ertaining to well construction, repair, mod on. The property owner, well driller, or a	
	are Services a complete well log upon com	
Denied	11 1	
Comments S	igned Tay Vayan	9-14194
	117/	_
\$450 00 Fee paid on 4 /14/92	John Cour	S.B. □, Sol. □
Receipt No. //76880	Name //20/92	S.M. \ Lom
	Date	

WHEN SIGNED BY HEALTH CARE SERVICES, THIS APPLICATION IS A PERMIT. HEALTH OFFICER SHALL BE NOTIFIED PRIOR TO ALL SEALING OPERATIONS. NOTE: PERMIT EXPIRES ONE YEAR FROM DATE ISSUED.

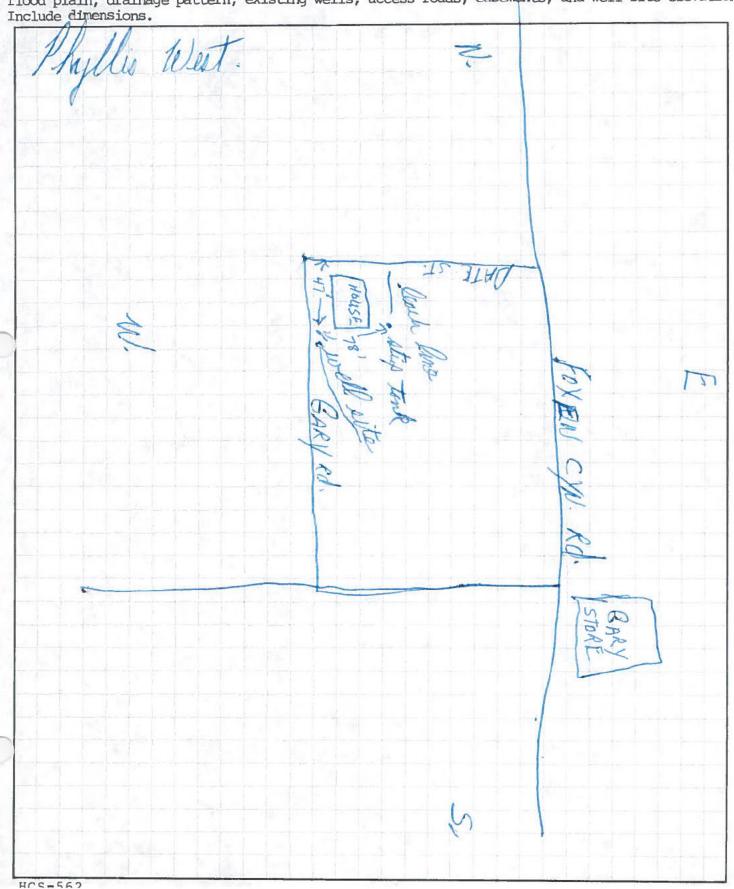
APN 129-090-1270

WELL PERMIT APPLICATION

Plot Plan (4" = 20')

Permit No. 8935
Page 2 of 2

Indicate below the exact location of the proposed well with respect to the following items:
Property lines, sewer lines and sewage disposal systems, animal enclosures, watercourses,
flood plain, drainage pattern, existing wells, access roads, easements, and well site elevation.
Include dimensions



Permit	No.	8	935	
Page /	of	1	pages	_

ENVIRONMENTAL HEALTH DIVISION SANTA BARBARA COUNTY HEALTH CARE SERVICES WELL PERMIT FIELD INVESTIGATION RECORD

Well Permit Application Received: Date	4 1 14 192
Site Investigation By	Date//
Findings: (Check applicable boxes and g	ive clearance)
Overhead Power Lines	Animal Enclosure
Sewer Lines	Creek or Watercourse
Leach Field	Petroleum Tank or Pipeline
Cesspool/Drywell	
*Min on ula seal t	or death of 401 bus
only 78' set Book to)	Roch fuld VE
Application Reviewed and Approved: By_	Davie 18 10 Date 4/20/92
ork Investigation Record	
Date 4 / 23/92	Well Site #: / of /
Casing Information	Borehole
Type: Steel PVC Other	Total Depth of Well: 3/8'
	Annular Seal Depth: 42'+ ("55 F7.")
ASTM#:_ F- 480	Well Bore Diameter: 121/2"
Diameter: 6" Total Depth: 3/8/	Sealing Material: No CENTER
Casing Schedule	Amount: 2 YARDS, EST.
180' - 180' = BLANK 180' - 318' = PERF.	Method of Pour: Pumpeo
	Use of Tremie: 2-2/ LENGTHS
	Driller(s): Row TAGLOR
	SINCE ONLY APPROX. 78' TO CEACH
Comments: FIELD; ORILLER RECORDED	
Final Inspection and Approval Denial: B	
Notice of Work Acceptance/Rejection Sen	
W-320P Rev. 12/89	ing Individual Water System

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Do Not Fill In

ORIGINAL File with DWR

STATE OF CALIFORNIA THE RESOURCES AGENCY

DEPARTMENT OF WATER RESOURCES

Nº 106376

M_{2}	ATER WELL	DRILLERS F	REPORT
01 34.884784	9N	34W 00 -170	0.312669

State Well No.

N			57,00	7/84	-		100 310	100716001	
								(11) WELL LOG:	13
								Total depth 6/3 ft. Depth of completed well 600 ft.	•• •
								Formation: Describe by color, character, size of material, and structure	
								ft. to ft.	
(2) LO	CATTO	N OF	WELL:			14 1	- 411	17.0 C. 1/2041 01	
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	B. Location of well in areas not	sectionized.	, · · · · · · · · · · · · · · · · · · ·	1 0 2 mg	+ Harry
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Analytical Chemists February 21, 2011

Ron Taylor Drilling 2801 Mahoney Rd Santa Maria CA 93455

Lab ID

: CC 1180267

Customer

: 8-449

Laboratory Report

Introduction: This report package contains total of 13 pages divided into 4 sections:

Case Narrative

(3 pages): An overview of the work performed at FGL.

Sample Results

(3 pages): Results for each sample submitted.

Interpretation

(2 pages): Drinking Water Interpretation for each sample submitted.

Quality Control

(5 pages): Supporting Quality Control (QC) results.

Case Narrative

This Case Narrative pertains to the following samples:

Sample Description	Date Sampled	Date Received	FGL Lab ID#	Matrix
Ardanta Lease New Well	02/02/2011	02/02/2011	CC 1180267-001	DW

Sampling and Receipt Information: The sample was performed by FGL using the following methods (where applicable):

Bacteriological Sampling - SOP:S0FS005
Grab sampling for liquids - SOP:S0FS010
Composite sampling for liquids
Grab sampling for solids - SOP:S0FS020

Composite sampling for solids

- SOP:S0FS025

All samples were received, prepared and analyzed within the method specified holding times. All samples arrived on ice. All samples were checked for pH if acid or base preservation is required (except for VOAs). For details of sample receipt information, please see the attached Chain of Custody and Condition Upon Receipt Form.

Quality Control: All samples were prepared and analyzed according to the following tables:

Inorganic - Metals QC

200.7	02/04/2011:201889 All analysis quality controls are within established criteria.	
	02/04/2011:201354 All preparation quality controls are within established criteria.	
200.8	02/04/2011:201793 All analysis quality controls are within established criteria.	

Page 1 of 13

February 21, 2011

Taylor Drilling

Lab ID

: CC 1180267

Customer

: 8-449

Inorganic - Metals QC

200.8	02/07/2011:201992 All analysis quality controls are within established criteria.
	02/04/2011:201357 All preparation quality controls are within established criteria, except: The following note applies to Aluminum, Antimony, Selenium: 435 Sample matrix may be affecting this analyte. Data was accepted based on the LCS or CCV recovery.
245.1	02/17/2011:202422 All analysis quality controls are within established criteria.
7470	02/16/2011:201758 All preparation quality controls are within established criteria, except: The following note applies to Mercury: 435 Sample matrix may be affecting this analyte. Data was accepted based on the LCS or CCV recovery.

Inorganic - Wet Chemistry QC

2120B	02/03/2011:202389 All analysis quality controls are within established criteria.	
	02/03/2011:201379 All preparation quality controls are within established criteria.	
2130B	02/03/2011:202391 All analysis quality controls are within established criteria.	
	02/03/2011:201381 All preparation quality controls are within established criteria.	
2150B	02/03/2011:201380 All preparation quality controls are within established criteria.	
2320B	02/07/2011:201959 All analysis quality controls are within established criteria.	200
	02/07/2011:201420 All preparation quality controls are within established criteria.	/44)
2510B	02/07/2011:201903 All analysis quality controls are within established criteria.	
	02/07/2011:201419 All preparation quality controls are within established criteria.	
2540 G	02/04/2011:201355 All preparation quality controls are within established criteria.	
300.0	02/04/2011:201795 All analysis quality controls are within established criteria.	
	02/03/2011:201329 All preparation quality controls are within established criteria.	
5540C	02/03/2011:201846 All analysis quality controls are within established criteria.	
	02/03/2011:201385 All preparation quality controls are within established criteria.	

February 21, 2011
Ron Taylor Drilling

Lab ID

: CC 1180267

Customer

: 8-449

Certification:: I certify that this data package is in compliance with NELAC standards, both technically and for completeness, except for any conditions listed above. Release of the data contained in this data package is authorized by the Laboratory Director or his designee, as verified by the following electronic signature.

KD:DMB

Approved By Kelly A. Dunnahoo, B.S.

Digitally signed by Kelly A. Duranthoo B S. Title Laboratory Director Date: 2011-02-21





February 21, 2011 Chemists

Lab ID

: CC 1180267-001

Customer ID: 8-449

Ron Taylor Drilling 2801 Mahoney Rd Santa Maria CA 93455

Sampled On: February 2, 2011-12:05

Sampled By : Mary Janson

Received On: February 2, 2011-17:00

Matrix

: Drinking Water

Description

: Ardanta Lease New Well

Project

: Vaquerito Energy

Sample Result - Inorganic

Constituent	Result	PQL	Units	MCL/AL	Sample	Preparation	Samp	le Analysis
	Result	FQL	Omes	MCLIAL	Method	Date/ID	Method	Date/ID
General Mineral Pil'5		e e e e e e e e e e e e e e e e e e e						
Total Hardness as CaCO3	481	2.5	mg/L		200.7	02/04/11:201354	200.7	02/04/11:201889
Calcium	97	1	mg/L		200.7	02/04/11:201354	200.7	02/04/11:201889
Magnesium	58	1	mg/L		200.7	02/04/11:201354	200.7	02/04/11:201889
Potassium	2	1	mg/L		200.7	02/04/11:201354	200.7	02/04/11:201889
Sodium	54	1	mg/L		200.7	02/04/11:201354	200.7	02/04/11:201889
Total Cations	12.0	0.1	meg/L		200.7	02/04/11:201354	200.7	02/04/11:201889
Boron	0.1	0.1	mg/L		200.7	02/04/11:201354	200.7	02/04/11:201889
Copper	30	10	ug/L	1000 ²	200.7	02/04/11:201354	200.7	02/04/11:201889
Iron	80	50	ug/L	300^{2}	200.7	02/04/11:201354	200.7	02/04/11:201889
Manganese	ND	10	ug/L	50 ²	200-7	02/04/11:201354	200.7	02/04/11:201889
Zinc	50	20	ug/L		200.7	02/04/11:201354	200.7	02/04/11:201889
SAR	1.1	0.1			200.7	02/04/11:201354	200.7	02/04/11:201889
Total Alkalinity (as CaCO3)	200	10	mg/L		2320B	02/07/11:201420	2320B	02/07/11:201959
Hydroxide	ND	10	mg/L		2320B	02/07/11:201420	2320B	02/07/11:201959
Carbonate	ND	10	mg/L		2320B	02/07/11:201420	2320B	02/07/11:201959
Bicarbonate	240	10	mg/L		2320B	02/07/11:201420	2320B	02/07/11:201959
Sulfate	330	10*	mg/L	500 ²	300.0	02/03/11:201329	300.0	02/04/11:201795
Chloride	38	1	mg/L	500 ²	300-0	02/03/11:201329	300.0	02/04/11:201795
Nitrate	18.2	0.4	mg/L	45	300-0	02/03/11:201329	300.0	02/04/11:201795
Nitrite as N	ND	0.1	mg/L	1	300.0	02/03/11:201329	300.0	02/04/11:201795
Nitrate + Nitrite as N	4.1	0.1	mg/L	10	300.0	02/03/11:201329	300.0	02/04/11:201795
Fluoride	0.4	0.1	mg/L	2	300.0	02/03/11:201329	300.0	02/04/11:201795
Total Anions	12.2	0.1	meq/L		2320B	02/07/11:201420	2320B	02/07/11:201959
pH	7.5		units	154,0	4500-H B	02/02/11:201313	4500HB	02/02/11:201764
Specific Conductance	1100	1	umhos/cm	1600 ²	2510B	02/07/11:201419	2510B	02/07/11:201903
Total Dissolved Solids	780	20	mg/L	1000 ²	2540 G	02/04/11:201355	2540C	02/06/11:201877
MBAS (foaming agents)	ND	0.1	mg/L	0.5^{2}	5540C	02/03/11:201385	5540C	02/03/11:201846
Aggressiveness Index	12.2	1		300000	4500-H B	02/02/11:201313	45(K)HB	02/02/11:201764
Langlier Index (20°C)	0.3	1			4500-H B	02/02/11:201313	4500HB	02/02/11:201764
Metals, Total P.1'5								
Aluminum	ND	10	ug/L	1000	200.8	02/04/11:201357	200.8	02/04/11:201793
Antimony	ND	1	ug/L	6	200.8	02/04/11:201357	200.8	02/07/11:201992
Arsenic	ND	2	ug/L	10	200.8	02/04/11:201357	200.8	02/04/11:201793
Barium	23.9	0.2	ug/L	1000	200.8	02/04/11:201357	200.8	02/04/11:201793
Beryllium	ND	0.2	ug/L	4	200.8	02/04/11:201357	200.8	02/04/11:201793

February 21, 2011

cription : Ardanta Lease New Well

Lab ID

: CC 1180267-001

Customer ID: 8-449

Sample Result - Inorganic

Constituent	Result	PQL	Units	MCL/AL	Sample	Preparation	Samp	le Analysis
	Result	FQL	Offics	MCDAL	Method	Date/ID	Method	Date/ID
Metals, Total P.1'5								107
Cadmium	ND	0.2	ug/L	5	200.8	02/04/11:201357	200-8	02/04/11:201793
Chromium	2	1	ug/L	50	200.8	02/04/11:201357	200.8	02/04/11:201793
Lead	ND	0.2	ug/L	15	200.8	02/04/11:201357	200.8	02/04/11:201793
Mercury	ND	0.02	ug/L	2	7470	02/16/11:201758	245.1	02/17/11:202422
Nickel	ND	1	ug/L	100	200.8	02/04/11:201357	200.8	02/04/11:201793
Selenium	5	2	ug/L	50	200.8	02/04/11:201357	200.8	02/04/11:201793
Silver	ND	1	ug/L	100 ²	200.8	02/04/11:201357	200.8	02/04/11:201793
Thallium	ND	0.2	ug/L	2	200.8	02/04/11:201357	200.8	02/04/11:201793
Vanadium	2	2	ug/L		200-8	02/04/11:201357	200.8	02/04/11:201793
Wet Chemistry AGT 1								
Color	ND	5	units	15	2120B	02/03/11:201379	2120B	02/03/11:202389
Odor	ND	1	TON	3	2150B	02/03/11:201380	2150B	02/03/11:202390
Turbidity	0.3	0.2	NTU	5	2130B	02/03/11:201381	2130B	02/03/11:202391

ND=Non-Detected. PQL=Practical Quantitation Limit. Containers: (AGT) Amber Glass TFE-Cap, (N/A) Not Applicable COC Only, (P) Plastic Preservatives: H2SO4 pH \leq 2, HNO3 pH \leq 2 \ddagger Surrogate. * PQL adjusted for dilution.

MCL = Maximum Contamination Level. 2 - Secondary Standard. 3 - CDPH Notification Level. AL = Regulatory Action Level.





February 21, 2011 Chemists

Lab ID

: CC 1180267-001

Customer ID: 8-449

Ron Taylor Drilling

2801 Mahoney Rd Santa Maria CA 93455

Sampled On: February 2, 2011-12:05

Sampled By : Mary Janson

Received On: February 2, 2011-17:00

Matrix

: Drinking Water

Description

: Ardanta Lease New Well

Project

: Vaquerito Energy

Sample Result - Support

Constituent	Result	PQL	Units	Note	Sample Preparation		Sampl	le Analysis
Constituent	100-000-000-000-000-000-000-000-000-000				Method	Date/ID	Method	Date/ID
Field Test	183/258		Section 2	1				
Temperature	17.3		°C			02/02/11 12:05	2550B	02/02/11 12:05
Conductivity	1033		umhos/cm			02/02/11 12:05	2510B	02/02/11 12:05

ND=Non-Detected. PQL=Practical Quantitation Limit. Containers: (AGT) Amber Glass TFE-Cap, (N/A) Not Applicable COC Only, (P) Plastic Preservatives: H2SO4 pH < 2, HNO3 pH < 2 ‡Surrogate. * PQL adjusted for dilution.

Lab ID

:CC 1180267-001

Description

: Ardanta Lease New Well

Drinking Water Interpretation

Summary: Your Water was acceptable for all items tested on this sample report. Details are presented below:

					CL
CONSTITUENT	RESULT	UNITS	MCL	LESS OR EQUAL	EXCEED
Inorganic - Primary					
Aluminum	ND	ug/L	1000	Pass	
Antimony	ND	ug/L	6	Pass	
Arsenic	ND	ug/L	10	Pass	
Barium	23.9	ug/L	1000	Pass	
Beryllium	ND	ug/L	4	Pass	
Cadmium	ND	ug/L	5	Pass	
Chromium	2	ug/L	50	Pass	
Color	ND	units	15	Pass	¢.
Fluoride	0.4	mg/L	2 2	Pass	5
Mercury	ND	ug/L	2	Pass	
Nickel	ND	ug/L	100	Pass	
Nitrate	18.2	mg/L	45	Pass	
Nitrate + Nitrite as N	4.1	mg/L	10	Pass	
Nitrite as N	ND	mg/L	1	Pass	
Odor	ND	TON	3	Pass	
Selenium	5	ug/L	50	Pass	
Thallium	ND	ug/L	2	Pass	
Turbidity	0.3	NTU	5	Pass	
Inorganic - Secondary					
Aluminum	ND	ug/L	200	Pass	
Chloride	38	mg/L	500	Pass	
Copper	30	ug/L	1000	Pass	
Iron	80	ug/L	300	Pass	
Manganese	ND	ug/L	50 !	Pass	
MBAS (foaming agents)	ND	mg/L	0.5	Pass	
Silver	ND	ug/L	100	Pass	
Specific Conductance	1100	umhos/cm	1600	Pass	
Sulfate	330	mg/L	500	Pass	
Total Dissolved Solids	780	mg/L	1000	Pass	

bruary 21, 2011 Kon Taylor Drilling

Lab ID

:CC 1180267-001

Description

: Ardanta Lease New Well

Drinking Water Interpretation

				M	CL
CONSTITUENT	RESULT	UNITS	MCL	LESS OR EQUAL	EXCEED
Other					
Copper	30	ug/L	1300**	Pass	

ND=Non-Detected, ** Federal Action Level Title 22, Section 64672.3

MCL:

The maximum level at which a constituent may be present and be considered acceptable for potability or aesthetics.

Primary:

Items listed as primary are regulated because of health concerns. If there is a

failure for a primary constituent treatment is normally required.

Secondary:

Items listed as secondary are regulated because they may adversely affect the taste, odor or appearance of drinking water. They are not directly health related. If there is a failure for a secondary constituent on a small public water system it is best to consult your regulator to determine if treatment is required. A secondary constituent failure for a private water system does not require treatment.

However, the owner may wish to treat the water in order to improve the quality.

Treatment:

If your water requires treatment we suggest that you contact a qualified water treatment company. They are normally listed in the yellow pages under the following topics:

Water Purification & Filtration Equipment Water Softening & Conditioning Equipment Water Treatment Equipment





Analytical Chemists

February 21, 2011

Ron Taylor Drilling

Lab ID

: CC 1180267

Customer

: 8-449

Quality Control - Inorganic

Constituent	Method	Date/ID	Туре	Units	Conc.	QC Data	DQO	Note
Metals								
Boron	200.7		MS	mg/L	4.000	102 %	75-125	
Doron	200.7	(CC 1180246-001)	MSD	mg/L	4.000	106 %	75-125	
		(00	MSRPD	mg/L	4.000	3.2%	≤20.0	
	200.7	02/04/2011:201889	CCV	ppm	5.000	97.9 %	90-110	
	0.000-0.000 F 3		CCB	ppm	0.000.000.00	0.004	0.1	
			CCV	ppm	5.000	100 %	90-110	
			CCB	ppm		0.007	0.1	
Calcium	200.7		MS	mg/L	12.50	64.8 %	<1/4	
		(CC 1180246-001)	MSD	mg/L	12.50	68.8 %	<1/4	
			MSRPD	mg/L	4.000	0.4%	≤20.0	
	200.7	02/04/2011:201889	CCV	ppm	25.00	94.5 %	90-110	
			CCB	ppm		0.01	1.0	
			CCV	ppm	25.00	97.8 %	90-110	
			CCB	ppm		0.001	1.0	
Copper	200.7	(00 1100012 0011	MS	ug/L	800.0	100 %	75-125	
		(CC 1180246-001)	MSD	ug/L	800.0	105 %	75-125	
	200.7	00/04/2011 201000	MSRPD	ug/L	4.000	4.2%	≤20.0	
	200.7	02/04/2011:201889	CCV	ppm	1.000	95.8 %	90-110 0.05	
			CCB	ppm	1.000	-0.0003		
	1		CCB	ppm	1.000	99.2 %	90-110 0.05	
Iron	200.7		MS	ppm ug/L	3992	99.1 %	75-125	
iron	200.7	(CC 1180246-001)	MSD	ug/L ug/L	3992	101 %	75-125	
		(CC 1180240-001)	MSRPD	ug/L	4.000	2.3%	≤20.0	
	200.7	02/04/2011:201889	CCV	ppm	4.990	97.5 %	90-110	
	200.7	02/04/2011.201007	CCB	ppm	4.220	0.0394	0.05	
	1		CCV	ppm	4.990	101 %	90-110	
			CCB	ppm	1	0.0178	0.05	
Magnesium	200.7		MS	mg/L	12.50	50.4 %	<1/4	3000
	P.5.501	(CC 1180246-001)	MSD	mg/L	12.50	52.8 %	<1/4	
			MSRPD	mg/L	4.000	0.1%	≤20.0	
	200.7	02/04/2011:201889	CCV	ppm	25.00	94.7 %	90-110	
	59900		CCB	ppm	0.20(0.00.00.00.00.00.00.00.00.00.00.00.00.	0.07	1.0	
			CCV	ppm	25.00	99.0 %	90-110	
			CCB	ppm		0.05	1.0	
Manganese	200.7		MS	ug/L	800.0	98.8 %	75-125	
		(CC 1180246-001)	MSD	ug/L	800.0	102 %	75-125	
			MSRPD	ug/L	4.000	3.4%	≤20.0	
	200.7	02/04/2011:201889	CCV	ppm	1.000	95.9 %	90-110	
			CCB	ppm	1 000	-0.0023	0.03	
			CCV	ppm	1.000	99.0 %	90-110	
D	200.7		CCB	ppm	12.50	-0.0005	0.03	
Potassium	200.7	(CC 1180246-001)	MS MSD	mg/L	12.50	101 % 105 %	75-125 75-125	
		(CC 1180240-001)	MSRPD	mg/L mg/L	12.50 4.000	4.0%	/3-123 ≤20.0	
	200.7	02/04/2011:201889	CCV		25.00	95.6 %	90-110	
	200.7	02/04/2011.201009	CCB	ppm ppm	23.00	-0.05	1.0	
	1		CCV	ppm	25.00	98.9 %	90-110	
			CCB	ppm		-0.08	1.0	700 x 2000
Sodium	200.7		MS	mg/L	12.50	53.6 %	<1/4	
- variable	20011	(CC 1180246-001)	MSD	mg/L	12.50	63.2 %	<1/4	
		, , , , , , , , , , , , , , , , , , , ,	MSRPD	mg/L	4.000	0.8%	≤20.0	
	200.7	02/04/2011:201889	CCV	ppm	25.00	95.9 %	90-110	
			CCB	ppm		0.005	1.0	
			CCV	ppm	25.00	100 %	90-110	

Page 9 of 13

Lab ID

: CC 1180267

Customer: 8-449

Quality Control - Inorganic

Constituent	Method	Date/ID	Туре	Units	Conc.	QC Data	DQO	Note
Metals		3					1	
Sodium	200.7	02/04/2011:201889	CCB	ppm		0.01	1.0	
Zinc	200.7		MS	ug/L	2000	102 %	75-125	
uminum	NOW (1969)	(CC 1180246-001)	MSD	ug/L	2000	105 %	75-125	
			MSRPD	ug/L	4.000	3.2%	≤20.0	-
	200.7	02/04/2011:201889	CCV	ppm	1.000	98.2 %	90-110	
			CCB	ppm		0.0001	0.05	
			CCV	ppm	1.000	100 %	90-110	
			ССВ	ppm		-0.0002	0.05	
Aluminum	200.8		MS	ug/L	5.000	417 %	75-125	435
		(CC 1180112-001)	MSD	ug/L	5.000	428 %	75-125	435
	200.0	00/04/0011 001503	MSRPD	ug/L	5.000	0.56	≤10	
	200.8	02/04/2011:201793			120.0			
	İ				120.0		INTERNATION OF THE PARTY OF THE	
					120.0			
Antimony	200.9	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	125					
viidinony	200.8	(CC 1180112-001)					1.5	
		(CC 1160112-001)						733
	200.8	02/07/2011:201992						
	200.0	02/07/2011.201552			120.0		1	
					120.0		90-110	
							87	
Arsenic	200.8				5.000		75-125	
ecoloticoscos 	F69894695350	(CC 1180112-001)		ug/L	N 100 100 100 100 100 100 100 100 100 10			
			MSRPD		5.000		≤2	
	200.8	02/04/2011:201793	CCV	ppb	120.0	107 %	90-110	
			CCV	ppb	120.0	106 %	90-110	
			CCB	ppb		-0.06	2	
Barium	200.8		MS	ug/L	5.000	86.0 %	75-125	
		(CC 1180112-001)	MSD	ug/L	5.000	38.0 %	<1/4	
			MSRPD	ug/L	5.000	1.1%	≤20	
	200.8	02/04/2011:201793	CCV	ppb	120.0	104 %	90-110	
			CCB	ppb	120.0	0.001	0.2	
	1		CCV CCB	ppb	120.0	104 % -0.018	90-110 0.2	
Beryllium	200.8		MS	ppb ug/L	5.000	86.9 %	75-125	
beryillum	200.8	(CC 1180112-001)	MSD	ug/L ug/L	5.000	87.8 %	75-125	
		(CC 1100112-001)	MSRPD	ug/L	5.000	1.0%	≤20	
	200.8	02/04/2011:201793	CCV	ppb	120.0	91.2 %	90-110	
	200.0	02/04/2011.2017/5	CCB	ppb	120.0	-0.032	0.2	
			CCV	ppb	120.0	93.1 %	90-110	
			ССВ	ppb		-0.031	0.2	
Cadmium	200.8		MS	ug/L	5.000	95.8 %	75-125	
90 SON 190 SON 1906 A.S.	260424 4030024	(CC 1180112-001)	MSD	ug/L	5.000	99.4 %	75-125	
		7 32 53	MSRPD	ug/L	5.000	3.6%	≤20	
	200.8	02/04/2011:201793	CCV	ppb	120.0	108 %	90-110	
			CCB	ppb		0.005	0.2	
			CCV	ppb	120.0	108 %	90-110	
			CCB	ppb		0.012	0.2	
Chromium	200.8	No. 2027 Charles of Children Charles	MS	ug/L	5.000	84.2 %	75-125	
		(CC 1180112-001)	MSD	ug/L	5.000	80.2 %	75-125	
			MSRPD	ug/L	5.000	0.8%	≤20	
	200.8	02/04/2011:201793	CCV	ppb	120.0	102 %	90-110	

Lab ID

: CC 1180267

Customer

: 8-449

Quality Control - Inorganic

Constituent	Method	Date/ID	Type	Units	Conc.	QC Data	DQO	Note
Metals								
Chromium	200.8	02/04/2011:201793	ССВ	ppb	A	0.008	1	
			CCV	ppb	120.0	103 %	90-110	
			CCB	ppb		0.01	11	***
Lead	200.8		MS	ug/L	5.000	93.2 %	75-125	
	***************************************	(CC 1180112-001)	MSD	ug/L	5.000	93.6 %	75-125	
			MSRPD	ug/L	5.000	0.4%	≤20	-
	200.8	02/04/2011:201793	CCV	ppb	120.0	106 %	90-110	
			CCB	ppb		-0.004	0.2	
			CCV	ppb	120.0	107 %	90-110	
			CCB	ppb		-0.003	0.2	
Nickel	200.8		MS	ug/L	5.000	87.5 %	75-125	
		(CC 1180112-001)	MSD	ug/L	5.000	87.8 %	75-125	
			MSRPD	ug/L	5.000	0.014	≤1	
	200.8	02/04/2011:201793	CCV	ppb	120.0	105 %	90-110	
	Abril arreducits		CCB	ppb	26/2000	-0.02	1	
			CCV	ppb	120.0	106 %	90-110	
N 11 2001			CCB	ppb		-0.002	1	
Selenium	200.8		MS	ug/L	5.000	131 %	75-125	435
		(CC 1180112-001)	MSD	ug/L	5.000	111 %	75-125	
			MSRPD	ug/L	5.000	1.0	≤2	-1
	200.8	02/04/2011:201793	CCV	ppb	120.0	105 %	90-110	
			CCB	ppb		0.46	2	
			CCV	ppb	120.0	106 %	90-110	
			CCB	ppb		-0.12	2	
Silver	200.8		MS	ug/L	5.000	88.1 %	75-125	
		(CC 1180112-001)	MSD	ug/L	5.000	87.8 %	75-125	
			MSRPD	ug/L	5.000	0.018	≤1	
	200.8	02/04/2011:201793	CCV	ppb	120.0	101 %	90-110	
			CCB	ppb		0.003	1	
			CCV	ppb	120.0	101 %	90-110	
			CCB	ppb		0.005	1	
Thallium	200.8		MS	ug/L	5.000	96.4 %	75-125	
Silver Thallium		(CC 1180112-001)	MSD	ug/L	5.000	96.5 %	75-125	
			MSRPD	ug/L	5.000	0.1%	≤20	
	200.8	02/04/2011:201793	CCV	ppb	120.0	108 %	90-110	
			CCB	ppb	1000	0.007	0.2	
	i		CCV	ppb	120.0	108 %	90-110	
., .,	222.2		CCB	ppb	5.000	0.005	0.2	
Vanadium	200.8	(00 1100112 001)	MS	ug/L	5.000	81.8 %	75-125	
		(CC 1180112-001)	MSD MSRPD	ug/L	5.000 5.000	83.8 % 0.8%	75-125	
	200.0	02/04/2011/201703		ug/L			≤20	
	200.8	02/04/2011:201793	CCV CCB	ppb	120.0	102 % 0.003	90-110	
			CCA	ppb	120.0	103 %	90-110	
			CCB	ppb ppb	120.0	0.009	2	
Moroum	245.1	02/17/2011:202422	ICV		200.0	102 %	90-110	
Mercury	243.1	02/1//2011:202422	ICB	ppt	200.0	-1.7	20	
			CCV	ppt	200.0	100 %	90-110	
			CCB	ppt ppt	200.0	-2.0	20	
	7470	02/16/2011:201758	Blank	ug/L		ND	<0.02	
	7.470	02/10/2011.201730	LCS	ug/L ug/L	0.1998	92.3 %	85-115	
			MS	ug/L ug/L	0.1998	0.7 %	75-125	435
		(CC 1180198-001)	MSD	ug/L	0.1998	0.1 %	75-125	435
		(00 1100170-001)	MSRPD	ug/L	0.1998	0.0011	≤0.02	.55

Lab ID Customer

: CC 1180267

: 8-449

Quality Control - Inorganic

Constituent	Method	Date/ID	Туре	Units	Conc.	QC Data	DQO	Note
Wet Chem								
Color	2120B	(STK1131005-001)	Dup	units		0.0	5	
	2120B	02/03/2011:202389	CCB	units		0.00	5.0	
			CCV	units	10.00	100 %	90-110	
Turbidity	2130B	(STK1131005-001)	Dup	NTU		0.034	0.2	
	2130B	02/03/2011:202391	ССВ	NTU		0.097	0.2	``
	1		CCV	NTU	2.000	102 %	90-110	
			CCB	NTU	V	0.081	0.2	
			CCV	NTU	2.000	102 %	90-110	
Odor	2150B	(STK1131005-001)	Dup	TON		0.0	1	
Alkalinity (as CaCO3)	2320B	(CC 1180261-001)	Dup	mg/L		0.11	10	
N 22 27	2320B	02/07/2011:201959	CCV	mg/L	234.9	101 %	90-110	
		, and	CCV	mg/L	234.9	105 %	90-110	
Bicarbonate	2320B	(CC 1180261-001)	Dup	mg/L		0.24	10	
Carbonate	2320B	(CC 1180261-001)	Dup	mg/L		0.0	10	
Hydroxide	2320B	(CC 1180261-001)	Dup	mg/L		0.0	10	
Conductivity	2510B	02/07/2011:201903	ICB	umhos/cm		0.1	1	
			ICV	umhos/cm	995.0	99.5 %	95-105	1
			CCV	umhos/cm	995.0	99.6 %	95-105	
E. C.	2510B	02/07/2011:201419	Blank	umhos/cm		ND	<1	
		(CC 1180259-001)	Dup	umhos/cm		0.0%	0.372	
Seas, Total Dissolved	2540 G	02/04/2011:201355	Blank	mg/L		ND	<20	
		(CD 1101166 001)	LCS	mg/L	995.0	98.9 %	90-110	
511 11	200.0	(SP 1101155-001)	Dup	mg/L	25.00	1.2%	10.0	
Chloride	300.0	02/03/2011:201329	LCS MS	mg/L	25.00 500.0	102 % 102 %	90-110 86-128	
		(STK1130942-001)	MSD	mg/L mg/L	500.0	102 %	86-128	
		(SIKI130942-001)	MSRPD	mg/L	100.0	0.03%	≤23.0	
	300.0	02/04/2011:201795	CCB	ppm	100.0	0.07	1	
	300.0	02/04/2011.2017/3	CCV	ppm	25.00	97.9 %	90-110	
			CCB	ppm	25.00	0.13	1	
			CCV	ppm	25.00	102 %	90-110	
Fluoride	300.0	02/03/2011:201329	LCS	mg/L	2.500	100 %	90-110	
			MS	mg/L	50.00	98.8 %	81-126	× 1.3
		(STK1130942-001)	MSD	mg/L	50.00	97.7 %	81-126	\
		S 50	MSRPD	mg/L	100.0	1.1%	≤12.1	
	300.0	02/04/2011:201795		ppm		-0.043	0.1	
			CCV	ppm	2.500	96.5 %	90-110	
			CCB	ppm	0.500	-0.043	0.1	
	2000	00/00/00/1	CCV	ppm	2.500	99.1 %	90-110	
Nitrate	300.0	02/03/2011:201329	LCS	mg/L	20.00	99.8 %	90-110	
		(STK1130942-001)	MS MSD	mg/L	400.0 400.0	103 % 102 %	88-124 88-124	92
		(S1K1130942-001)	MSRPD	mg/L mg/L	100.0	0.8%	≤29.1	
	300.0	02/04/2011:201795		7	100.0	0.038	0.4	
	300.0	02/04/2011:201/93	CCB	ppm ppm	20.00	96.6 %	90-110	1
			CCB	ppm	20.00	0.147	0.4	
			CCV	ppm	20.00	101 %	90-110	
e	300.0	02/03/2011:201329	LCS	mg/L	15.00	99.7 %	90-110	
	15.55.55		MS	mg/L	300.0	100 %	91-121	
		(STK1130942-001)	MSD	mg/L	300.0	99.4 %	91-121	
		NO N	MSRPD	mg/L	100.0	0.6%	≤23.8	
	300.0	02/04/2011:201795	CCB	ppm		-0.244	0.3	
			CCV	ppm	15.00	98.3 %	90-110	
			CCB	ppm		-0.271	0.3	

Lab ID

: CC 1180267

Customer

: 8-449

Quality Control - Inorganic

Constituent	Method	Date/ID	Type	Units	Conc.	QC Data	DQO	Note
Wet Chem								
Nitrite	300.0	02/04/2011:201795	CCV	ppm	15.00	101 %	90-110	
Sulfate	300.0	02/03/2011:201329 (STK1130942-001)	LCS MS MSD	mg/L mg/L mg/L	50.00 1000 1000	102 % 104 % 102 %	90-110 78-137 78-137	
	300.0	02/04/2011:201795	MSRPD CCB CCV CCB CCV	mg/L ppm ppm ppm ppm	50.00	1.5% -0.49 98.7 % 0.80 105 %	78-137 ≤12.3 2 90-110 2 90-110	·
MBAS	5540C	(CC 1180267-001)	MS MSD MSRPD	mg/L mg/L mg/L	100.0 100.0 100.0	100 % 100 % 0.0	90-110 90-110 ≤0.1	
	5540C	02/03/2011:201846	CCB CCV	mg/L mg/L	100.0	0.000 100 %	0.1 99-101	

Dennition
ICV

MS

: Initial Calibration Blank - Analyzed to verify the instrument baseline is within criteria. **ICB**

CCV : Continuing Calibration Verification - Analyzed to verify the instrument calibration is within criteria.

CCB : Continuing Calibration Blank - Analyzed to verify the instrument baseline is within criteria.

Blank : Method Blank - Prepared to verify that the preparation process is not contributing contamination to the samples. : Laboratory Control Standard/Sample - Prepared to verify that the preparation process is not affecting analyte recovery.

: Matrix Spikes - A random sample is spiked with a known amount of analyte. The recoveries are an indication of how that sample

matrix affects analyte recovery.

: Matrix Spike Duplicate of MS/MSD pair - A random sample duplicate is spiked with a known amount of analyted. The recoveries MSD

are an indication of how that sample matrix affects analyte recovery.

: Duplicate Sample - A random sample with each batch is prepared and analyzed in duplicate. The relative percent difference is an Dup

indication of precision for the preparation and analysis.

: MS/MSD Relative Percent Difference (RPD) - The MS relative percent difference is an indication of precision for the preparation MSRPD and analysis.

ND : Non-detect - Result was below the DQO listed for the analyte.

<1/4 : High Sample Background - Spike concentration was less than one forth of the sample concentration. DOO : Data Quality Objective - This is the criteria against which the quality control data is compared.

Explanation

435 : Sample matrix may be affecting this analyte. Data was accepted based on the LCS or CCV recovery.

CORPORATE 853 Corporation Santa Paula, CA. '-1: (805) 392-24 X: (705) 525-	Mi. Coc.	REMARKS	5 2	D D	Sample Number	Contact person: Billing Information Name: Address: Address: Phone: E-Mail Contact person: Purchase order/con Pre Log Required:	CLIENT DE CLIENT DE CLIENT DE CLIENT DE CLISTORIE Address: 28 Phone: 805 E-Mail 1724 Project name:
CORPORATE OFFICE & LABORATORY SIX CAPPORION Sizet SIX CAPPORION SIZET PULL CA 90060 '-1; (805) 392-2000 Y: (805) 392-2000 Y: (805) 395-2000	site 10 miles.	S SECTION V	the Lab mg	Ardantz/Ease A	Location/Description	Contact person:	180/ Maylor 180/ Mal 180/ Mal 1080/ Mal
0. FFTICE & LABORATORY 1.200 Stupeconel Road Stockton, CA 92:15 Tel (209) 942-0423 FAX: (209) 942-0423	Received by: M. TR. A. Received by: M. H. Received by: Re	CUSTODY Relinquished by 25th Julyeet to the terms and	g	New well capoa	Date Sampled San	FAX: Monthly © Weekly © Other ©	Drilling Customer Number: 8-449 16 Mey 93455 FAX: 805-825-556 PAOL, COM
BORATORY h Road 5215 5182 -0423		ect to the terms and conditions on the reverse of this document		1205 6	Time Sampled	mpling: Composite(C) Grab(G)	
	HAR mo	ene of this document:		d 23 h	Number of Type of Con (P) Potable	Containers tainers: (G) Glassop) Plastic (V) VOA (MT) Metal Tube (NP) Non-Potable	Sampler (s): Date: Pickup Char Shipping Charge: Pickup Char
	Time #DE) I	(GW) Gr (WW) Wa (S) Soil (S	face Water (MW) Monitoring Well und Water (TB) Travel Blank (AgW) Ag Water stewater (DW) Drinking Water LG) Sludge (SLD) Solid (O) Oil s) System (SRC) Source (W) Waste	up Date:
OFFICE & LABORATORY SGJ E. Lindo Avenue Chico, CA 95926 Tel: (SJ0) 343-3807 FAX: (SJ0) 343-3807	Redinquished by: Received by: Received by: Received by:			04-45	BacT: Rout (LT) Leaf Preservativ (1) H2SO4	issue (PET) Petiole Tissue (PRD) Produce e: (1) NaOH + ZnAc, (2) NaOH, (3) HCl, (HNO3) (6) Na2S203, (7) Other	SECTION II Mileage Alamileo Pickup Charge:
TORY				X	Gen.	Min. Gen Phys., Toc.	
FIET Visal Tel: Mob FAX	Date Date Date			X		EC 1033 514/ 0202 Temp 8:302	surchan
FIELD OFFICE Visalia, California Tel: (559) 734-9473 Mobile: (559) FAX (559)	Time	SI			a c	Manga (TID 200)	
		SECTION VI				1000)	3 Day

Santa Paula - Condition Upon Receipt (Attach to COC)

	ole Receipt: Number of ice chests/packages received: Note as OTC if received over the counter unpackaged.	_/			
2.	Were samples received in a chilled condition? Temps: Acceptable is 2° to 6° C. Also acceptable is received on ice (ROI) for the temperature (RRT) if sampled within one hour of receipt. Client contact documented below. If many packages are received at one time check for further review. Please notify Microbiology personnel immediately of bar	tests/H.T.'s/ru	ishes/Bacti's eived.	received at rootst be to prioritize	om
3.	Do the number of bottles received agree with the COC?	· ere	D No	Larr	
4.	Were samples received intact? (i.e. no broken bottles, leaks	etc.) Ye	No Yes	No	
5.	Were sample custody seals intact?	Ø			
Sign	and date the COC, obtain LIMS sample numbers, select met	thods/tests at	nd print lat	JC:a.	
Sam	ple Verification, Labeling and Distribution: Were all requested analyses understood and acceptable?	Œ	No No		
2.	Did bottle labels correspond with the client's ID's?	Œ	€ No	l const. w	~
3.	Were all bottles requiring sample preservation properly pre	served?	es No		GL
4,	VOAs checked for Headspace?	Y	es No	MA	
5.	Were all analyses within holding times at time of receipt? Have rush or project due dates been checked and accepted.	?	e No MA Yes	No	
6.	ach labels to the containers and include a copy of the COC for	or lab deliver	ry.		
Alt	ach labers to the containers and morado a copy of the			(62)	
	screpuncy Documentation: y items above which are "No" or do not meet specifications	14		solveů.	-
		Phone Nun	nber:		
2.	Initiated By:				
	Problem: Recolution:	R	on Taylo	449) r Drillii 8026	ng 37
		IV	-02/03/2	0020 2011-09:2	3:24

Ron Taylor Drilling

2801 Mahoney Road, Santa Maria, CA 93455 Contractor's License Number: C-57-523-858 (805) 680-2128 • (805) 925-0665

Phone: 1-661-332-5512 Date: 2-1-11

4049 Foxen Cyn Rd Santa Maria Calif (3454 APN # 129-020-54

Job Name Ardantz & Vaquero Eng WATER DISCHARGE COMMENTS ELAPSED TIME LEVEL Pumpingate TIME 0 Static 200 304 304 200 gpm 304 6:30 Am 17:30 330Ft 2 8:30 330 Ft 200 gram 7:30 Am 3 9:30 330 Ft 200 gpm 8:30 200 gpm 4 10:30 330 Ft 9:30 Am 3 11:30 330 Ft 200 gpm 10:30 6 12:30 11:30 Am 330 Ft 200 grom 8 1:30 330 Ft 200 Ft 12:30 10 2:30 200 gpm 1:30 330 Ft 2:30 12 3:30 330 Ft 200gpm 15 4:30 330 Ft 200 gpm 3:30 4:30 20 5:30 330 Ft. 200 gpm 5:30 25 6:30 Recovery Time 1:00 330 Ft 200 gpm 30 40 50 60 75 90 105 120 150 180 240

Um Saylar - 2-1-11

MAY 9 Foll

Street

[4669]

[4667]



Construction or Modification \$740 (3 hrs.) *

Environmental Health Services

Rec'd By

225 Camino Dal Remedio, Santa Barbara, CA. 93110 ◆ (805) 881-4900 2125 S. Centerpointe Pkwy., #333 • Santa Maria, CA 93455-1340 ◆ (805) 346-8460

WATER WELL PERMIT APPLICATION SRO10762 TYPE OF PERMIT (Please check the appropriate box below)

"Modification" means the deepen-

ing of a well, reperforation, scaling or replacement of well casing construction of one completed well

Not used for a period of one year

	Well Inactivation	\$615 (2.5 hrs) *	[4667]	Not used for a period of one year	SR # OIG G
	Well Destruction	\$495 (2 hrs) *	[4668]	Abandonment - Complete falling of the well	District # 208
oroval v	will not be issued until all fee	s are paid.		require staff time in excess of that not	ed above. Final project ap-
1. 2. 3. 4. 5.	Property lines Drainage pattern of the proposed and easements Existing and/or proposed str Existing wells within a one l	erty (water, sewer, utili uctures. uundred (oot radius	ty, roadw	ay) foot radius of the proposed 8. All perennial, seasonal, nat	wastes within a two hundred well tural, or artificial water bodics location of one hundred year
Propert Mailin	y Owner	(6)	ling Contr	actor Owner's Agent (Authorized i	n writing) He/ Zip Code
Applic Applic	ent's Address: 2801 N Street ocation: 4049 F	AYKOR L IMHONEY Direction OXEN CY	Rd Street Nam / N	SAMA MARIA	
	Jse: Domestic Water				
	g Method: DRotary DC				
Other	Water Sources: Public	Private IN None			
Well Seal	osed Depth 650 ft. Bore Diam. 174 in. ing Material (Check) eat Cement 🗆 Clay	Type: Steel C Wall / Gage SA Additional Work		Casing Information Other in. Diameter 8 in. Ann	nular Scal Depth 50 ft.
00	erneral Grout D'Concrete	Note:	A 50 ft. ar	anular seal is required for wells serving	multiple connections.

QUADRUPLICATE For Local Requirements

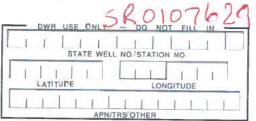
1N33W 2K

STATE OF CALIFORNIA

	OTHER OF CHELLOUTIE	
WELL	COMPLETION REPOR	RT

for to Instruction Pamphlet

Page of	reger to instruction rampates
Owner's Well No.	No. 1082582
Date Work Began	
Local Permit Agency	2-1-11
Permit No.	Permit Date



		GEOLOGIC LOC	WELL OWNER
ORIENT	ATION (±)		Name Howard Andread & Transport
DEP	TH FROM	DRILLING	Mailing Address Engle Montale Land State Can
Si	JRFACE	METHOD DESCRIPTION FLUID	Debenoth of a Oblide ozzon
Ft.	to Ft.	Describe material, grain size, color, etc.	William Landson
-0	1 50	bandy visy	Address Add O Therens Chan
70	1 00	Sand	City Conta Hants Cold 97454
88	90	Sangy Clay	1 (Outply
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ATTACHMENTS (≤) Geologic Log	I, the undersigned, certify that this report is complete and a	ccurate to the best of my	knowledge and	belief.
Well Construction Diagram Geophysical Log(s)	NAME (PERSON, FIRM OR CORPORATION) (TYPED OR PRINTED)			
Geophysical Log(s)	Wah or R ca to lov	. 1-1 2 07 10		
Soil/Water Chemical Analyses	(a) the aterian	H. 1354 I. St. S19, 256		
Soil/Water Chemical Analyses Other	ADDRESS	СПУ	STATE	ZIP

QUADRUPLICATE For Local Requirer Page ____ of ____

STATE OF CALIFORNIA

For Lo	cal Requi	rements	6				WELL	COMP	LETI	0	N REPOR	RT	$\perp \perp \perp$	1		1					
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-	- Well Cor	struction Di	iagram	10			NAME	-													
100	Geophys	ical Log(s)					(PERS	UNE FIRM OR C	UNPURATION	(1)	YPED OR PRINTED)										
-	Soil/Wate	er Chemical	Analy	ses	Î		1000000	Ten	ev	R	°A 7	8 18	G-11 -	0.5	AGE						
-	Other					-	ADORESS						CITY			STATE	ZIP				
ATTACH ADDITIONAL INFORMATION, IF IT EXISTS. Signed C-57 LICENSED WATER WELL CO								R WELL CONT	TRAC	TOR		DAT	E SIGNED			57 LICENSE NUMBER					



225 Camino Del Remedio, Santa Barbara, CA. 93110 ◆ (805) 681-4900 2125 S. Centerpointe Pkwy. #333, Santa Maria. CA 93455-1340 ◆ (805) 346-8460

March 23, 2011



Subject: Completion Report for Water Well Permit #SR0107629

(Assessor's Parcel Number: 129-100-017, 4049 Foxen Cyn Rd., Santa Maria, CA)

This Department has reviewed the construction of the subject water well as related to the location of the well and the placement of the annular seal in the upper portion of the bore around the well casing. This work has been completed in conformity with the requirements of the Water Well Standards of the State Department of Water Resources, as adopted by the Santa Barbara County.

If water from this well is intended to be utilized for domestic or drinking purposes it will first be necessary to obtain a Water System Permit from this Department. The permit is required for any water system that will provide water to a dwelling unit or to any structure utilized for commercial or manufacturing purposes, which requires potable water for human consumption or use.

Please contact the undersigned if you have any questions or if you need a Water System Permit Application. I can be reached at 805 / 346-8465.

Sincerely,

Louise A. Harding, R. E. H. S.

Environmental Health Specialist

cc: Assessor's Office



225 Camino Del Remedio, Santa Barbara, CA. 93110 ◆(805) 681-4900 2125 S. Centerpointe Pkwy., #333 ◆ Santa Maria. CA 93455-1340 ◆ (805) 346-8460

ENVÎRONMENTAL HEALTH SERVICES DIVISION WELL PERMIT FIELD INVESTIGATION RECORD

Well Permit Application Received: Date: 1-7-2011	Well Permit Number: SR 107629
Owner Henri ARBERTZ	APN 129/10010/7
Site Investigation by:	Date: 1-7 201
Findings: (Check Applicable Boxes and Give Clearance) Overhead Powerlines	PAnimal Enclosures
Dewer Lines	Creek/Watercourse
(> 50 [eet)	(100 yr Floodplain)
Leachfield/Septic Tank (> 100 feet)	☐ Petroleum Tank/Pipeline 2
Cesspool/Drywell (> 150 feet)	□ Other
	a open fielde
Construction Inspection Record:	
Date:1-24-2011 Driller Touseur	□ Destruction: N ►
Registered Professional	Casing Depth Below Grade:
	Depth of Seal:
Casing Information:	Borehole:
Diameter Gage	Total Depth of Well: 660
☐ Steel ☐ Standard linepipe ☐ Structural Steel	Annular Seal: 50
13 Stational Intepripe 12 Structural Steel	(20' Ag & SPWS; 50' >5 conn. & commercial)
□ ABS ■ PVC □ Standard 14 NSF	Well Bore Diameter: 17"
Other:	Sealing Material:
Casing Schedule: 100 TYPE Conductor Casing: NA	Amount:
0 ft 200 = 16 Borehole:-	Method of Pour: ☐ Gravity or ☐ Pumper
1040 - Sour 640 Sealing Material: Conductor Casing:	Use of Tremie Pipe: ☐ Yes ☐ N/A
- = Depth: Diameter	Required if wet or > 30 ft deep
640 BE 660 Capped	21

Well Permit Application Plot Plan

(Scale 1/4" Block = 20 ft.)

owner Henri Ardatz

Permit #: \$20107629 APN: 129-100-017

Indicate below the exact location of the proposed well with respect to the following items within 200 ft. of the proposed well property lines, access roads and easements; existing/proposed structures (surface and subsurface); existing wells; existing/proposed industrial, hazardous, solid waste systems, works or tanks; petroleum product system works or tanks: animal enclosures and/or animal waste storage areas; agricultural operations; watercourses, 100-yr. flood plain and drainage patterns of the property; and well site elevations. Show the actual distance between the proposed well and these items.

HO45E Ea TREE

Dept. Use Only: Site Reviewed By:	Date:
Sewer (Sanitary, Storm or Bldg.) – 50 ft. Septic Tanks and / or Leachlines – 100 ft.	Water Bodies / Courses - 50 ft. Underground Petroleum Product Storage Tanks - 100 ft
(include 100% expansion area) Seepage Pit / Drywell – 150 ft. (include 100% expansion area)	Other:

Ft. to Ft.	(inches)	BLANK	SCREEN	DUCTOF FILL PIP	GRADE	DIAMETER (Inches)	OR WALL THICKNESS	(Inches)	Ft.	to	Ft.	MENT (±)	TONITE	FILL (∠)	FILTER PACK (TYPE/SIZE)
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		Geo	logic	Log
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Well Construction Diagram

₩ Geophysical Log(s)

_ Soil Water Chemical Analyses

TACH	ADDITIONAL	INFORMATION	IF IT	EYISTS

NAME PLOYE

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	Page 2 of 2							Refer to I	nstructio	n Pa	mphlet	PUR	1	_ 1 _ 1	STAT	E WELL	NO / ST	ATION NO.
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										Illustrate or Describe Distance of Well from Landmarks such as Roads, Buildings, Fences, Rivers, etc. PLEASE BE ACCURATE & COMPLETE								
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		struction Dia	agran	m			NAME F1	oyd V	. Wel	1s	, In	c.	-	10 SS-S1				
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CITY

C57-229570

C-57 LICENSE NUMBER

ADDRESS

_ Other __

ATTACH ADDITIONAL INFORMATION. IF IT EXISTS.



Environmental Health Services

2125 S. Centerpointe Pkwy., #333 • Santa Maria, CA 93455-1340 805/346-8460 • FAX 805/346-8485 www.sbcphd.org/ehs

March 22, 2000

Mesa Vineyard (Mondavi Winery) 2570 Prell Rd. Santa Maria, CA 93455

To Whom It May Concern:

Subject:

Completion Report for Water Well-Permit #0101467 (Assessor's Parcel Number 129-100-032, Orcutt-Garey Rd.)

This Department has reviewed the construction of the subject water well as related to the approval of the location of the well and the placement of the annular seal in the upper portion of the bore around the well casing. This work has been completed in conformity with the requirements of the Water Well Standards of the State Department of Water Resources, as adopted by the Santa Barbara County Water Well Ordinance.

If water from this well is intended to be utilized for domestic or drinking purposes, it will first be necessary to obtain a Water System Permit from this Department. The permit is required for any water system that will provide water to a dwelling unit or to any structure utilized for commercial or manufacturing purposes which requires potable water for human consumption or use.

Please contact the undersigned at the office indicated on this letterhead if you have any questions or if you need a Water Permit Application and a copy of the instructions for completing the form and for providing the necessary specifications on the system.

Sincerely

James R. Hamlin, R.E.H.S.

Senior Environmental Health Specialist

JRH:jrt WELLLTR.0101467

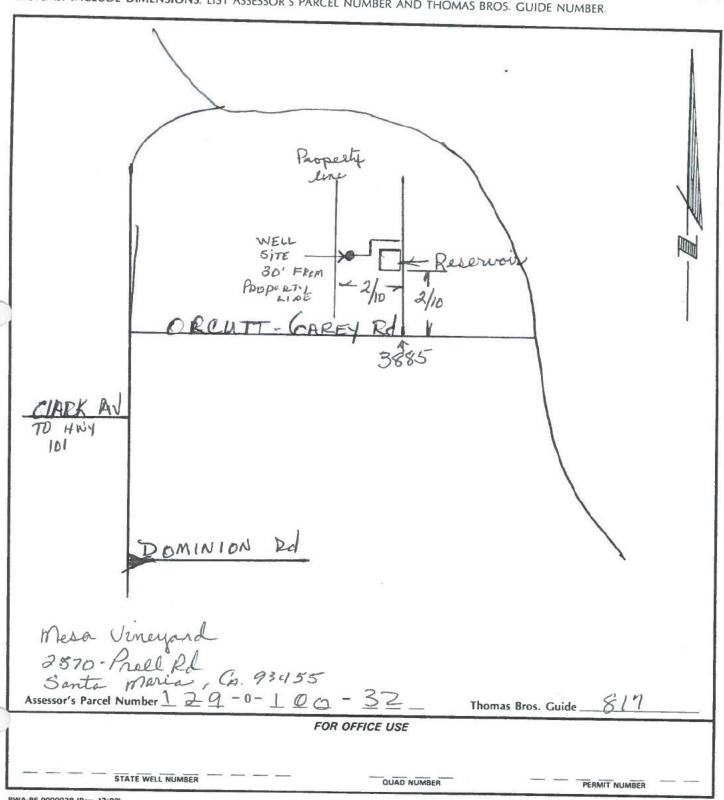
PC: Assessor's Office



County of Ventura WELL PERMIT APPLICATION 800 South Victoria Avenue, Ventura CA 93009

LOCATION

INDICATE BELOW THE EXACT LOCATION OF WELL WITH RESPECT TO THE FOLLOWING ITEMS: PROPERTY LINES, WATER BODIES OR WATER COURSES, DRAINAGE PATTERN, ROADS, EXISTING WELLS, SEWERS AND PRIVATE SEWAGE DISPOSAL SYSTEMS, INCLUDE DIMENSIONS, LIST ASSESSOR'S PARCEL NUMBER AND THOMAS BROS. GUIDE NUMBER.



Permit	No	101	467	
Page 1	_ of	1	pages	

ENVIRONMENTAL HEALTH DIVISION SANTA BARBARA COUNTY HEALTH CARE SERVICES WELL PERMIT FIELD INVESTIGATION RECORD

Well Permit Application Received: Date	3 110 100
Site Investigation By J. Roman	Date 3 110 100
Findings: (Check applicable boxes and	
Overhead Power Lines	Animal Enclosure
Sewer Lines	Creek or Watercourse
Leach Field	Petroleum Tank or Pipeline
Cesspool/Drywell	Other
NO PROBLEMS NOTED WITH RE	
REDITEMENTS.	
Application Reviewed and Approved: By	4. Homem Date 3/10/10
Work Investigation Record	*
Pate 3 121 100	Well Site #: 1
Casing Information	Borehole CONDUCTOR PIPE 309
Type: Steel PVC Other	Total Depth of Well:
Class/Gage/NSF:	Annular Seal Depth: 93'
ASTM#:	Well Bore Diameter:
Diameter: Total Depth:	Sealing Material: CEMEN7
Casing Schedule See Well	Amount: 15 yazos
O' =	Method of Pour: PUMP
	Use of Tremie: YES
	Driller(s): Floyo V. WELLS
=	
Comments:	1 2/
Final Inspection and Approval/Denial: B	4 Homem Date 3121100
Notice of Work Acceptance/Rejection Sen	t to Well owner On 3 /27/00
W-320P Rev. 12/89	@

CC076

DUPLICATE Retain this copy

STATE OF CALIFORNIA THE RESOURCES AGENCY DEPARTMENT OF WATER RESOURCES

Do Not Fill In

Nº 105180

)	34.881	173 -	W.	_	ORILLERS REPORT State Well No	
		1)).	- 11 12	519961		_
(1) OW			CAR		(11) WELL LOG:	
Name	Texaco		200	a service	Total depth ft. Depth of completed well	ſŧ.
Address	Rt 1,	laria, Ca	OSVEN		Formation: Describe by color, character, size of material, and structure	
	- Control bearing the sale	CONTROL OF THE REAL	93434		SEE ATTACHED LOG	f t
County Sa	nta Barbar	a c	Owner's numb	r, if any	SEE ATTACHED LOG	
Township, Ra	nge, and Section	9N, R33	w, Sect	ion 2		-
Distance from	cities roads, railroa	ds, etc 100 J	ds N o	f Orcutt-Gary Ro	d,	- 115
30 TT	dest of ro	i in tro	it of n	ain office		
	PE OF WOR	K (check,):			
New Well			ditioning [
	on, describe mater	The state of the s	276 1788	THE RESERVE THE PROPERTY OF TH		2018
	POSED US			(5) EQUIPMENT:		_
	Industria		1	Rotary X		
irrigation	☐ Test Wel	1 0	ther	Cable Other		-
(6) CAS	ING INSTA	TIED.		Other		_
			1	f gravel packed		
STE SINGLE M		THER:		8		- 5
		1.0				
From	10	Gage	Diameter	From To		
ft.	it. Dias	n. Wall	Bore	fr. fr		
0	600 8 5,	/8 .250	1812"	51 600		
)		Y KAR	h. Prints		٠	
1				200 01	well	
Size ut shoe us			Size of gra	30% 3/1 /\	w. 0 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	-
Describe joint	butt		70	1/4 x 1/	What	
뭐하하 걸리다!!!!	FORATION	Manh.	ical s	UL	The County of th	
	1979	Perf.	Rows		Nordinera =	
From	То	per	per	Size	, ox 0x	
ft.	ft.	row	ft.	in. x in.	ra du	
400 550	420 600		24	.060 x 2½	Vac 4	
550	000					_
~						-
(8) CO	VSTRUCTIO	N:				-
	sanitary seal provide		lo 🗆	To what depth 51 ft.		
	ta sealed against poll-		No 🗆	If yes, note depth of strata		-6
From	fc. to	ft.		- The Manager State		
f-rom	ft. to	ft.	1 1 2 11	INCOME TAPES	Work started 1/17 19 77 , Completed 1/28 19 //	-
Method of sea	ling			10 3 VEN 18 CA	WELL DRILLER'S STATEMENT:	_
	TER LEVEL			fr.	This well was drilled under my jurisdiction and this report is true to the b of my knowledge and belief.	rest
30 122-00	l before perforating			fe.	NAME Floyd V. Hells, Inc	
Standing leve	lafter perforating :	and developing		fr.	(Person, firm, or corporation) (Typed or printed)	
	ELL TESTS:		1000	A STATE OF THE	Address P. O. Box 1007	
Was pump ter	t made? Yes 🗆	No □ 1	f yes, by who	m?	Santa Maria, Ca 93454	
"dd:	gal/min-	with	ft. drawd	own after hrs.	[SIGNED]	_
mperature	of water	Was a chemi	cal analysis m	ade? Yes 🗌 No 🗍	C57-229570 (Well Brillin) February 2 7	7
Was stoned at	as made of mall? W		16	and the same	I CDIUNTY L	

Was electric log made of well? Yes [] No []

WATER WELL DRILLING LOG

r: Texaco, Inc		Company:		
Vell No: #2		Rig: #7		
ocation of Well: 100 yds N of Orcutt	-Gary Rd and 30	ft West of rd	in front of main	office
T9N, R33W, Section	2			
Surface Pipe or Seal: 51' pipe ceme	nted in	Size: 20 ¹¹ OD	Depth: 51	Gauge: .250
Well Bore Diameter. 18½"		Depth of Casing Set:	600'	
Casing Size: 8 5/8"		Gauge: .250	Туре:	steel
Perforations: Size: .060 x 2½	Type:	vertical sl	ot Number:	24 rows
Perforation Location from Ground Level:		From: 0	To: 40	O blank
		400	42	0 perf
		420	55	0 blank
		550	60	0 perf
\		Bullnos	e bottom	
7				
avel Pack: Type: Dumped	Size: 30%	3/8; 70% 1/4 x	1/8 Quantity: 5	1.63 ton
أ. No. Used: 8		Size: 3-9 7/8;	2-18½; 1-12¼; 1-2	8; 1-20
Drilling Method: Air:		Foam:		Mud: X
Material Used: Gel.: 35 sks		P-95: 5 sks		Foam:
Well Started: 1/17/77	Well Completed:	1/28/77	Driller: D. Pitt	man
		35-30-311		
				- No. 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10
TEST PUMPING INFORMATION:			925	## ##
Production Test:				
Standing Water Level:		Pumping Level:		350 25322
G.P.M.:		Pumping Level		
REMARKS:				
)				
)1 '				
)!				

FORMATION LOG

FROM	ТО	DESCRIPTION
0	2	Topsoil sandy
2	12	Brown sandy
12	18	Fine and coarse sand
18	55	Sandy clay with boulders
55	85	Fine and coarse sand, hard shale streaks
85	112	Fine and coarse sand and gravel
112	125	Fine sandy clay
125	155	Light brown sandy clay
155	173	Fine and coarse sand and gravel
173	180	Very fine light sand
180	209	Fine and coarse sand, some gravel
209	250	Light brown sandy clay
250	310	Light fine sand with clay strips
310	314	Light brown sandy clay
314	318	Fine coarse sand and gravel
318	360	Fine coarse sand imbedded in clay strips
360	371	Fine coarse sand and gravel
371	381	Fine sandy clay
381	420	Fine and coarse sand and gravel
420	450	Sandy clay
450	490	Hard shale clay sand and gravel
490	550	Light brown sandy clay
550	608	Fine and coarse sand and gravel
608	624	Brown sandy clay
)		
	99/88	

No. of



Wayne Cooper Ag Services (805) 466-6030

Pump Test Report

v.4.0 09/17/06

Utility: PG & E

SHOP THE RESERVE	The second second second second second	CONTRACTOR OF THE PARTY OF THE	Call Control of the C	MARKET STATE OF THE STATE OF TH
ALL CAPPER	tomer a		PH H 297	DATE TO
1003 MET N. T	E 63 8 24 25 1	1.4 11 12 4	Q 111 Q 'A	D / . T .

Pump/Location: Orcutt Garey Rd. Submersible pump/

HP: 3

GPS Coord.:

Long -120.1922

Lat 34.5287

Pump Make: Franklin

Motor Make:

Franklin

Type Submersible

Meter Number: Serial Number: 6M4656

Customer Addr: Rock Energy LLC

Voltage: 0

Amps: 0

Contact:

Don Nelson

Our Test #:

Bakersfield, CA 93309

014-02170

Phone: (661) 616-0600

Fax: (661) 616-0601

5060 California Ave., Suite #640

Cell: (661) 379-2009

Test Results

Test Date: 5/14/2008		Tester: Wayne Cooper
Run Number ('E' = used for cost anal):	E-1	
1. Pumping Water Level (Ft):	289.5	
2. Standing Water Level (Ft):	286	
3. Draw Down (Ft):	4	
4. Recovered Water Level (Ft):	286	
5. Discharge Pressure at Gauge (PSI):	38	
6. Total Lift (Ft):	377	If a Flow Velocity (line 7) is
7. Flow Velocity (Ft/Sec):	2.6	less than 1 ft/second, the
8. Measured Flow Rate (GPM):	15	accuracy of the test is
9. Customer Flow Rate (GPM):	0	suspect
10. Specific Capacity (GPM/Ft draw):	4.3	Note any major difference
11. Acre Feet per 24 Hr:	0.1	between the "Measured" flow
Million Gallons per 24 Hr:	0.022	rate and the "Customer's"
12. Cubic Feet per Second (CFS):	0.0	(lines 8,9).
13. Horsepower Input to Motor:	5	
14. Percent of Rated Motor Load (%):	129	
15. Kilowatt Input to Motor:	4	
16. Kilowatt Hours per Acre Foot:	1,440	
17. Cost to Pump an Acre Foot:	\$240.48	
18. Energy Cost (\$/Hour)	\$0.67	
19. Base Cost per Kwh:	\$0.167	
20. NamePlate RPM:	0	
21. RPM at GearHead:	0	
22. Overall Pumping Efficiency (%):	27	

Remarks

All results are based on conditions during the time of the test. If these conditions vary from the normal operation of your pump, the results shown may not describe the pump's normal performance.

Overall efficiency of this plant is considered to be low assuming this run represents plant's normal operating condition.



Page 1

Don Nelson Rock Energy LLC 5060 California Ave.

Suite #640

Bakersfield, CA 93309

Log Number: 08-C6806 P2508

Order: Project:

Garey Energy Project

Received: 05/14/08

Printed:

05/22/08

REPORT OF ANALYTICAL RESULTS

Sampled

San	mple Description	Sampled By		Date a T		Matrix			
	=======================================								=====
Fro	om Faucet-4ft from well head	Wayne E. Coope		05/14/08		Drinking Wat			
==:							Date	Date	Batch
Ar	nalyte	Result	DLR	Dilution	Units	Method	Analyzed	Prepared	Datoi
				Factor			Anatyzeu	Prepareu	
O						SM 2320B	05/22/08		7746
6	arbonate Alkalinity as CaCO3	Not Detected	2	1	mg/L	SM 2320B	05/22/08		7746
	icarbonate Alkalinity as CaCO3	260	2	1	mg/L				7746
	ydroxide Alkalinity as CaCO3	Not Detected	2	1	mg/L	SM 2320B	05/22/08		7746
T	otal Alkalinity as CaCO3	260	2	1	mg/L	SM 2320B	05/22/08		7456
C	nloride	38	1	1	mg/L	EPA 300.0	05/14/08	05 (20 (00	7636
T	otal Cyanide	Not Detected	0.005	1	mg/L	SM 4500-CN C,E	05/20/08	05/20/08	
C	olor	20	1	1	units	SM 2120B	05/14/08		7558
E	lectrical Conductance	1,100	1	1	umhos/cm	SM 2510 B	05/14/08		7558
F	luoride	0.3	0.1	1	mg/L	EPA 300.0	05/14/08		7456
L	anglier Index (Corrosivity)	0.5		1	pH units	SM 2330B	05/22/08		7752
М	BAS(Anionic Surfactants MW=340)	Not Detected	0.05	1	mg/L	SM 5540 C	05/16/08		7607
	itrate as N	1.3	0.1	1	mg/L	EPA 300.0	05/14/08		7456
N	itrate as NO3	5.7	0.4	1	mg/L	EPA 300.0			1270200
N	itrite as N	Not Detected	0.1	1	mg/L	EPA 300.0	05/14/08		7456
0	dor	Not Detected	1	1	TON	SM 2150B	05/14/08		7558
р		7.6	0.1	1	pH units	SM 4500-H B	05/14/08		7558
	ul fate	300	0.5	1	mg/L	EPA 300.0	05/14/08		7456
570	otal Dissolved Solids	770	10	1	mg/L	SM 2540C	05/20/08		7670
	urbidity	2.3	0.1	1	UTM	SM 2130B	05/14/08		7558
	alcium	100	0.03	1	mg/L	EPA 200.7	05/16/08		7541
	ardness as CaCO3	510	1	NA	mg/L	EPA 200.7			
	ron	0.31	0.02	1	mg/L	EPA 200.7	05/16/08		7541
100	ercury	Not Detected	0.001	1	mg/L	EPA 245.1	05/16/08	05/16/08	7546
	otassium	3.7	0.1	1	mg/L	EPA 200.7	05/16/08		7541
333	lagnesium	62	0.03	1	mg/L	EPA 200.7	05/16/08		7541
F 0	sodium	61	0.05	1	mg/L	EPA 200.7	05/16/08		7541
		Not Detected	0.05	1	mg/L	EPA 200.8	05/16/08	05/14/08	7534
-	lluminum	Not Detected	0.006	1	mg/L	EPA 200.8	05/16/08	05/14/08	7534
	Intimony	Not Detected	0.002		mg/L	EPA 200.8	05/16/08	05/14/08	7534
A	rsenic	HOL DELEGEE	0.002	. 10	0.455.000				

Page 2

Don Nelson Rock Energy LLC 5060 California Ave. Suite #640 Bakersfield, CA 93309 Log Number: 08-C6806 P2508 Order:

Project:

Garey Energy Project

Received:

05/14/08

Printed:

05/22/08

REPORT OF ANALYTICAL RESULTS

Sampled

Sample Description	Sampled By		Date a	Time	Matrix			.=====
From Faucet-4ft from well head	Wayne E. Coope	 r	05/14/0	08a10:32	Drinking Wa	ter		
Analyte	Result	DLR	Dilution Factor	Units	Method	Date Analyzed	Date Prepared	Batch
Rarium	Not Detected	0.1	1	mg/L	EPA 200.8	05/16/08	05/14/08	7534
eryllium	Not Detected	0.001	1	mg/L	EPA 200.8	05/16/08	05/14/08	7534
Cadmium	Not Detected	0.001	1	mg/L	EPA 200.8	05/16/08	05/14/08	7534
Chromium	Not Detected	0.01	1	mg/L	EPA 200.8	05/16/08	05/14/08	7534
Copper	Not Detected	0.05	1	mg/L	EPA 200.8	05/16/08	05/14/08	7534
L ead	Not Detected	0.005	1	mg/L	EPA 200.8	05/16/08	05/14/08	7534
Manganese	0.44	0.02	1	mg/L	EPA 200.8	05/16/08	05/14/08	7534
Nickel	Not Detected	0.01	1	mg/L	EPA 200.8	05/16/08	05/14/08	7534
Selenium	Not Detected	0.005	1	mg/L	EPA 200.8	05/16/08	05/14/08	7534
Silver	Not Detected	0.01	1	mg/L	EPA 200.8	05/16/08	05/14/08	7534
Thallium	Not Detected	0.001	1	mg/L	EPA 200.8	05/16/08	05/14/08	7534
Zinc	0.22	0.05	1	mg/L	EPA 200.8	05/16/08	05/14/08	7534

DLR = Detection Limit for Reporting. Results of "Not Detected" are below DLR.

CREEK ENVIRONMENTAL LABORATORIES

Lab Director, Michael Ng

9N 33W 3

9N53W3)

QUADRUPLICATE Use to comply with local requirements

STATE OF CALIFORNIA

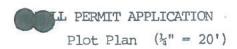
THE RESOURCES AGENCY

DEPARTMENT OF WATER RESOURCES WATER WELL DRILLERS REPORT

De not fill in

No. 316871

Notice of Intent No Local Permit No or Date 593					State Well No	
Local Fernit No or Date					Other Well No.	
(I) OWNER:		(12) WELL	LOG: 1	Total depth	1 210 ft Completed d	enth 550 ft
Address		from ft to			scribe by color, character,	
City	<u>, </u>	1, -			sandy character.	ize or material)
(2) LOCATION OF WILL (See instruction		25 -			rewn cand	
County Santa Carbara Owner's We	Il Similar	115 -			send & grav	- 1
Well address if different from above Orcult	Cary Rei	170 -		rost		- 4
Township Range		179 _		7219-11		
Distance from cities, roads, railroads, fences, etc. AP	129_07_30	100		rown		
Distance from cities, roads, ratingeds, fences, etc	162-02-34	295 =		IESVE 1		F. Salling St. Land
		737 -	Table 100 Inc.	DICHA	classiav s	SITEMAS
		758		110	Wind E Gray	-1
1. 67 121 6.0	Sinn or more	397		TOW	Navi	
	YPE OF WORK	2.7_	155	Carel	send s driv	- 1
20 7.43	Well □ Deepening □	455 -	^	11		
176 W C. 13	nstruction	850	305 6	AND	o Lacy	-
	nditioning	555	1	Section 1	Or avel	
	zontal Well	- ()	0.00	TOUR	& ave 1	
Destr	nction [] Describe uction materials and pro-	160		CERTIFIC	Alan -	
cedu	res in Item 12)		VIVO R	11 4 1 V	The same of the sa	
(4)	PROPOSED USE	4	1600	1000		
Dom	(()	033 -	10 S	Lay B	1 3 W 253 11	G I IIIC
Irrig	ition N		11/2	- (0	F /	
Indu	strial D	1	7)	8/3	(C)	
Test	Hell	COL.	-	- 17		
Muni	icijah / D	4/1/2	-(0	-0		
Quic		2/7) -	(2)	30		
WELL LOCATION SKETCH	ribe)	(- 12 To 12 T	
	CCI	7	2)	-		
(5) EQUIPMENT.		- C-				
Rolary Reverse Reverse No.		~ (C)				
Cable Air Dairnete of bor		What -				
Other Bucket Packed from	2 5 M 65 B (B)	(V)				
(7) CASING INSTALLED (6) PERFORAT	TONS	5)				
	ion or size of store	938				
	(4)(1)					
From To Dia Gage or From	To Stor					
	1010					
3000 318 35000	4/4203 -160					
	1000		The state of the s			
(9) WELL SEAL:	9					
Was surface sanitary seal provided? Yes \(\bar{\bar{\bar{\bar{\bar{\bar{\bar{	turlenth fr					-
	itervalft	(577)		-		
Method of sealing	11	10. 1 1		110		
(10) WATER LEVELS:		Work started		-	C1 Completed 11/	19_0,
Depth of first water if known	0	WELL DRII	TEN 9	STATEN	IENT:	
Standing level after well completion		This well was d	rilled und	er my juri	sdiction and this report i	s true to the
(11) WELL TESTS:	1	best of my know	rage and	wirej		
Was well test made ² Yes No No I If yes by who	7,2	Signed		-	(Well Driller)	
ype of test Pump □ Bailer □	Air lift	NAME	Day n		- Deilling	
	t end of test ft	245	Pers	son, firm, or,	corporation) (Typed or printed)	
	ater temperature	Address			sey Ro.	
Chemical analysis made? Yes No D If you by whom		City	100	Y Mari		
	ap) to this report ACE IS NEEDED, USE I	License No	TIVELY NO	IMPEDED	Date of this report	





Permit No. 3433 Page 2 of 2 AVN 129-02-30

Indicate below the exact location of the proposed well with respect to the following items:

Property lines, sewer lines and sewage disposal systems, animal enclosures, watercourses,
flood plain, drainage pattern, existing wells, access roads, easements, and well site elevation.

Include dimensions.



ENVIRONMENTAL HEALTH DIVISION BARBARA COUNTY HEALTH CARP CONTY SANTA BARBARA COUNTY HEALTH CARE SERVICES WELL PERMIT FIELD INVESTIGATION RECORD

1	Well Permit Application Received: Date	11 1 20 191
	Site Investigation By H. Kurz	Date // 122 /9/
	Findings: (Check applicable boxes and gi	
	Overhead Power Lines	
	Sewer Lines	Creek or Watercourse
	Leach Field	Petroleum Tank or Pipeline
	Cesspool/Drywell	Other
	No souces of contamination to to	ellsile - APM dreket ik-
	no la luse concerns	
	Application Reviewed and Approved: By_	H.R. Date 1/122-191
	Work Investigation Record	
	Date 1/25/91	Well Site #:,
	Casing Information	Borehole
	Type: Steel D pvc D Other D	Total Depth of Well: 650 8t
	Class/Gage/NSF: 250	Annular Seal Depth: 47H. R
	ASTM#:	Well Bore Diameter: 2.6
	Diameter: 16" Total Depth: 650	Sealing Material: Cornered
	Casing Schedule	Amount: 4 yds
	011-350A Bak	Method of Pour: Pumpos.
	3504-6501= For	Use of Tremie: 2"
		Driller(s): Ron Taylor
		J.
	comments: 16" Steel cap welle	In conjugat line of sent
	Final Inspection and Approval/Denial:	By 11/25191
	Notice of Work Acceptance/Rejection Se	nt to Well owner On / /
	W-320P Rev. 12/89	

at 35W 3NOI - CE079

ORIGINAL								OF CALI			(C)	EON	LY -	DON	OT FILL IN
File with DWR			•			WELL	Refer to It			N REPORT		STATE	WELL I	NO./STA	ITION NO.
Page of Owner's Well No.	- 1						170			9941	I				
Date Work Began	-	28	3-1	94	r	EndedIO	-3-9L	+ .	U	3341	LATITUDI			-	ONGITUDE
Local Permit Ag		5.6		-		Dillicu	1	renta	Q	Hailh		1 1	1 ,	1	1 1 1 1
Permit No.	90	0	2			1 Permit		9-14	9-6	94			APN/TE	RS/OTH	ER
		GE	0 L	00	10	LOG -					3 . TRFBT F #	าเขมเ	n		
ORIENTATION (∠)		RTICA					NGLE	(SPECIFY)		7	11 521 0	(C		
DEPTH FROM	DEPTH	I TO	FI	RST		Table 1	BELOW SU	RFACE IT		>	A 25' 2	6.0	16		
SURFACE	4		n			ESCRIPTION		2 11G		1	Lo 20' 3	551	84		
0 18.	Fil1		Des	crib	e mi	aterial, grain size, o	olor, etc	1 Find	0	15 11 70	minion Rd	CAT	ON-	000	עמסומוµו
18 130	Sand			ir	av	el (S		-1		7 72	az Maria	/	Add		
130 210	Clay			,		2/1/2	1	ZIV			a Barbara	-	1.00	CI CO.	Winery)
210 270	Sand						-10		À	PN Book 129	Page 020	Parce	1_12		- 0
270 310	Clay					(1)	777	11-17	-	-OR ICIA	Range 334	tio		3	
310 390	Sand	-	3 0	Jr.	av	elall	111	1200	L	atitude DEG.		Longi	tude_	DEG.	MIN. SEC.
390 415 415 500 y	Clay Sand		1	- 42.	3 77	2	7	بن) ا من ح	1,73	LOC	ATION SKETCH			- A	CTIVITY (Z)-
	Clay				ak		1911	. 3		t.	- NORTH			1X	NEW WELL
520 : 640	Sand					è14 ((1111							MODE	FICATION/REPAIR
	111	1	Ï	1	-	(Cn)	= 17			1					Deepen
1/~	115	1	1	37		(7)				,		<i>-</i>	5.5		Other (Specify)
111	11/			15	(1)	100				I	· · · ·	B			DESTROY (Describe
1 1	4 1	17	in	/	1.			,		_ [[Trumma	F			Procedures and Malerials Under "GEOLOGIC LOG",
	1.76.7	11	1	_					WEST	Dominion	19218	B	EAST	-PL	ANNED USE(S)・ (二)
	1.10		_	_	÷			·	3	N.	1 31	1	i ii	-	MONITORING
	1	-,			_					^ E	lov l	1	•	WATE	ER SUPPLY
3	1.				_					Ś	10011	1			Domestic
	I.									~	1.	- 1			Public X irrigation
	1				_					Strok	NIV	,			Industrial
	i						•			131-				_	"TEST WELL"
	-		-	_	_						— SOUTH			_	CATHODIC PROTEC-
	1	_			_				I	Illustrate or Describ	e Distance of Well from	n Land	marks	-	OTHER (Specify)
	1			_					Î	PLEASE BE ACC	dings, Fences, Rivers, et URATE & COMPLET	Ë.		_	7
	!				•				DR	RILLING ROTA	rv	,		- m	ud
	i								-	WATER.	LEVEL & YIELD	OF C	OMP	LETE	
	1								DE	PTH OF STATIC	270(Fi.) a D	ATE ME	ASURE	en .	(1)
1	1								ES	STIMATED YIELD	50(GPM) &	TEST T	YPE_	air	-lift
TOTAL DEPTH OF	BORING _	64	0			eet)			TE	ST LENGTH	(Hrs.) TOTAL DRA	WDOW	N	(Ft.)
TOTAL DEPTH OF	COMPLET	ED	WE	LL.	_6	40 (Feet)			*	May not be repres	entative of a well's lor	ig-term	yield.		
DEPTH		Т			_	C	ASING(S)	1			DEPTH		ANNU	LAR	MATERIAL
FROM SURFACE	HOLE			(=			1		-	. SLOT CITE	FROM SURFACE				PE
E. 1. E.	DIA, (Inches)	AN AN	REEN	CON- DUCTOR	PRE	MATERIAL/ GRADE	DIAMETER	OR WA	LL	SLOT SIZE		CE- MENT	BEN- TONITE	FILL	FILTER PACK (TYPE/SIZE)
Ft. to Ft.		-	SC	٥ <u>۾</u>	급		(inches)	THICKNE	_	(inches)	Ft. to Ft.		(=)		(TYPE/SIZE)
0 560	97/8		Ц	_		Stee1	6"	.156		1	0 50	X		3727000 T	Fine
560 : 640	-	Н	X		4	Stee1	6"	:156	_	1/8 X		-			2000/SAS
		H	-		-		-		_	23	<u> </u>	-	_		
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		Н			\exists				-	+					
ATTACI	HMENTS	(>	-) -		_				_	CERTIFICAT	ION STATEMEN	T			
Geologic			1,558			I, the under	rsigned, ce	rtify that t			ete and accurate to t		t of my	/ know	ledge and belief.
CONTRACTOR OF THE PARTY OF	astruction Dis	agran	n		•	NAME (DEDE	Rauch	Dril	1	ing Co.	Inc.				
Geophys	sical Log(s)					11	Box 5		(TY	PEU OR PRINTED)	Templeton	1	C.	A	93465
Transcorter.	ter Chemical	Anal	yse	9		ADDRESS	, /	24 .	0)	. CILA		-	STATE	ZIF
Other			7.530	ly-28		- 11 /	In		1	1.		0-1	2-9		445016
ATTACH ADDITIONAL	INFORMATIO	ON. I	FΠ	EX	STS	Signed WELL	DRILLER/AUTHO	RIZEO REPRE	SENT	TATIVE	Account to the second to the	ATE SIGN			C-57 LICENSE NUMBER

(6080

STATE OF CALIFORNIA
THE RESOURCES AGENCY

9N 33W 03N02

Do not fill in

ORIGINAL.

DEPARTMENT OF WATER RESOURCES WATER WELL DRILLERS REPORT

No. 256005

Notice of Intent No.		State Well No.
Local Permit No. or Date Santa Barbara C	County Permit #7513	Other Well No.
		(12) WELL LOG: Total depth 750 ft. Completed depth 740 ft.
		from ft. to ft. Formation (Describe by color, character, size or material)
(2) LOCATION OF WELL (See instru	actions).	- (SEE ATTACHED LOG)
- 1940 - 1960 - 1960 - 1960 - 1960 - 1960 - 1960 - 1960 - 1960 - 1960 - 1960 - 1960 - 1960 - 1960 - 1960 - 196	er's Well Number	
Well address if different from above APN 12		
Township 9N Range 33W	Section3	
Distance from cities, roads, railroads, fences, etc.	Orcutt-Garey Road &	
Dominion Road Intersection On Prop	erty Northeast Of	-
Intersection, Approximately 200' N	ortheast Of New	
Reservoir	(a) many on mone	- 1
	(3) TYPE OF WORK:	- ()
	New Well X Deepening Reconstruction	
	Reconditioning □	
	Horizontal Well	1 10
(SEE ATTACHED MAP)		
	Destruction (Describe destruction materials and procedures in Item 12)	121 11100
	(4) PROPOSED USE:	
1	Domestic D	12 - all 12 -
1	Irrigation	
	Industrial	10 MS
)	Test Well	100
1	Municipal	All of
	Other	(D) 0 (S) 0
WELL LOCATION SKETCH	(Describe)	7 -60
(5) EQUIPMENT: (6) CR	AVBL. RACK: SISQUEC	(A- O
Rotary XX Reverse D Yes RO		
Cable Air Diame	tex of bore 221	CIV =
Other Bucket Kncked	From _0 18 740 (1	
(7) CASING INSTALLED: (8) PE	REORATIONS . OOUXZ 2"	1 -
Steel XX Plastic D Schorete D Type o	of reforption or size of streep	-
	om Too Slot	
From To Dia. Gage or Fit ft. In Wall	cfi. \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
0 740 12-3/4 .330 5	10 (130) .060x2	½ 'x32 Rows Yertical Perforations
	0,1110	
	170	
(9) WELL SEAL:	T If yes to depth 50 ft.	100
Was surface sanitary seal provided? Yes ⊠X No ☐ Were strata sealed against pollution? Yes ☐ No	XX Interval ft.	
Were strata sealed against pollution? Yes LI No Method of sealing 24" Conductor Pipe Comments		Work started May 8, 19 89 Completed June 1, 19 89
(10) WATER LEVELS:		WELL DRILLER'S STATEMENT:
Depth of first water, if known	ft.	This well was drilled under my jurisdiction and this report is true to the
Standing level after well completion	ft.	best of my knowledge, and belief.
(11) WELL TESTS:		Signed Charles Circles
s well test made? Yes \ No \ If ye	es, by whom?Air lift [FOR FLOYD Y. WELLS, INC.
Pepth to water at start of test ft.	At end of test ft.	(Person, firm, or corporation) (Typed or printed) Address P.O. Box 1007
ischarge gal/min after hours	Water temperature	Canta Marta CA 330 03456
Chemical analysis made? Yes No 🕮 If ye	es, by whom?	City Santa Maria, CA ZIP 93456 License No. C57-229570 Date of this report June 14, 1989
Was electric log made Yes ⊠X No □ If ye	es, attach copy to this report	License No. CONSECUTIVELY NUMBERED FORM



Ken Yertrees, Printers, Lithographers - Santa Maria, CA

WATER WELL DRILLING LOG

PUMP SALES & SERVICE
WATER WELL DRILLING CONTRACTOR
1337 W. BETTERAVIA RD.
SANTA MARIA, CA 93455
805/925-8626 FAX 805/928-7826
CA LIC.#C57-229570

Owner:	Company:
Well No.: 1	Rig: #8 And #5
Location of Well: Orcutt-Garey Road And Domini	on Road Area, North Of Orcutt-Garey Road And Eas
Of Dominion Road. Approximately 200' No	rtheast Of New Reservoir.
APN 129-020-12	
T-9N, R-33W, Section 3	
Surface Pipessiss Set In 30" Borehole & Cement	ed Size: 24' O.D. Depth: 50' Gauge: .250
Well Bore Diameter: 22"	Depth of Casing Set: 7401
Casing Size: 12-3/4" O.D.	Gauge: .330 Type: Steel
Perforations: Size: .060x2½"	Type: Vertical Slot Perforations Number: 32 Rows
Perforation Location from Ground Level: 510	From: O To: 510' Blank
	510' 730' Perforations
	730' 740' Blank With
	Bullnose On Botto
vel Pack: Type: Sisquoc Size:	1/4"x1/8" Quantity: Tons
vits: No. Used: 5	Size: 11", 12½", 17½", 22", 30"
Drilling Method: Air:	Foam: Mud: XX
Material Used: Gel.: 2-50# Ouik Gel Material Used: Gel.: 2-50# ShurGel	2-50# Drispac 究然: 1-100# Soda Ash Foam:
Well Started: May 8, 1989 Well Complet	ed: June 1, 1989 Driller: Mark And Pat
TEST PUMPING INFORMATION:	
Production Test:	
Standing Water Level:	Pumping Level:
G.P.M.:	Pumping Level
	,
-	
REMARKS:	
•	





FORMATION LOG

PUMP SALES & SERVICE
WATER WELL DRILLING CONTRACTOR
1337 W. BETTERAVIA RD.
SANTA MARIA, CA 93455
805/925-8626 FAX 805/928-7826
CA LIG#C57-229570

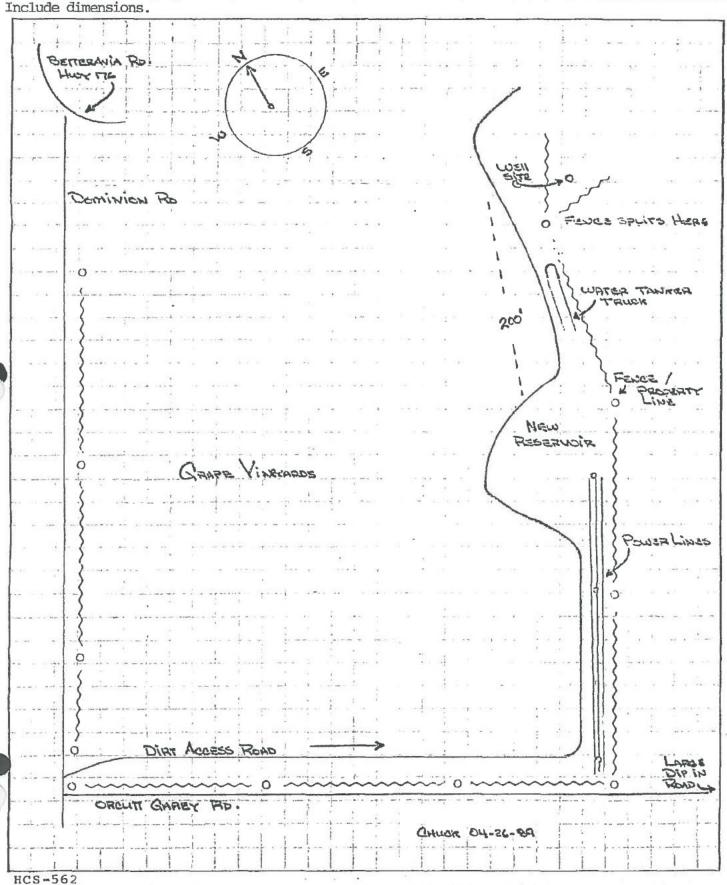
Well No. 1

	T-10-10-10-10-10-10-10-10-10-10-10-10-10-	
FROM	то	DESCRIPTION
0	295'	Fine And Coarse Sand
295'	3801	Brown Clay With Coarse And Fine Sand
3801	430'	Coarse Sand And Gravel
430'	515'	Coarse Sand And Gravel With Stringers Of Clay
515'	740'	Coarse Sand And Gravel
7401	750'	Blue Clay And Gravel
	-	
	3	
	1	
		,
·		
/	-	
	-	
7.55		

WELL PERMIT APPLICATION Plot Plan (2" - 20')

Indicate below the exact location of the proposed well with respect to the following items:

Property lines, sewer lines and sewage disposal systems, animal enclosures, watercourses,
flood plain, drainage pattern, existing wells, access roads, easements, and well site elevation.
Include dimensions.



ORIGINAL File with DWR Page 1 of 1

STATE OF CALIFORNIA

WELL COMPLETION REPORT

No. 0907241

Owner's Well No. Ranch #5 Date Work Began 9-15-04

Local Permit Agency Santa Barbara Co Health Dep

Permit No. 0103364 Permit Date 8-23-04 LATITUDE LONGITUDE APN/TRS/OTHER

7	Permit No	0103364 Permit Date 8-23-0	04
1		CEOFOCIC FOC	WELL OWNER
	ORIENTATION (∠)	X VERTICAL — HORZONTAL ANGLE (SPECIFY) DRILLING METHOD Reverse FLUID Water	34 52 46.91
- [DEPTH FROM SURFACE	DESCRIPTION	1701 10 58 01
1	Ft. to Ft.	Describe material, grain size, color, etc.	WELL LOCATION
	0 5	Top Soil	Address 3836 Orcutt-Garey Rd
ļ	5 20	Fine Sand	City Orcutt Ca
1	20 155		County Santa Barbara
	155 270	Sand & Grvel	APN Book 129 Page 020 Parcel 30
ļ		Brown Clay	Township 9N Range 33W Section 10 7. 3
1		Sand & Gravel	Lat N Long W
-	390 400	Brown Clay	DEG. MIN. SEC. DEG. MIN. SEC. LOCATION SKETCH ACTIVITY (\(\pe\))
-		1/2" Gravél \ /-	NORTH X NEW WELL
-		Brown Clay\\\	MODIFICATION/REPAIR
1	605 670		mile? ((Deepen
-	670 675	Brown Clay	Other (Specify)
-		1/4" Gravel	DESTROY (Describe
ļ		Brown-Clay	Procedures and Materials Under "GEOLOGIC LOG")
		Fine Sand	80 USES (≤)
1		-Sandy Blue Clay	WATER SUPPLY
-		1/4" Gravel	Gare - 01 cutt T Domestic - Public Infigation industrial
L		Brown Clay	MONITORING
	840 860	Fine Sand	TEST WELL
1	<u>i i</u>	No. of the last of	CATHODIC PROTECTION
1	i i		HEAT EXCHANGE
1	<u> </u>		DIRECT PUSH
	1 1		VAPOR EXTRACTION
-	1 1		SPARGING
1	i	- A for high the first	Illustrate or Describe Distance of Well from Roads, Buildings,
	1 1		Illustrate or Describe Distance of Well from Roads, Buildings, Fences, Rivers, etc. and attach a map. Use additional paper if necessary, PLEASE BE ACCURATE & COMPLETE. HEMEDIATION
-			WATER LEVEL & YIELD OF COMPLETED WELL
1	1 1		DEPTH TO FIRST WATER 370 (Ft) BELOW SURFACE
-	1 1		DEDTH OF STATIO
ŀ	t 1		WATER LEVEL 320 (Ft) & DATE MEASURED 10-15-04
1	1 1		ESTIMATED YIELD . 2000 (GPM) & TEST TYPE Pumped
	TOTAL DEPTH OF B	ORING 860 (Feet)	TEST LENGTH 12 (Hrs.) TOTAL DRAWDOWN 200 (FL)
	TOTAL DEPTH OF C	OMPLETED WELL 850 (Feet)	* May not be representative of a well's long-term yield.
=			

TH]	BORE-				CASING (S)				DE DE	EPTH		ANNU	JLAR	MATERIAL
IRFACE	HOLE	T					10000000000		FROM			TY	TYPE	
Fi.	DIA. (Inches)	BLANK	SCREEN CON: DUCTOR	MATERIAL / GRADE	INTERNAL DIAMETER (Inches)	GAUGE OR WALL THICKNESS		SLOT SIZE IF ANY (Inches)	FL	to Ft.	CE- MENT	BEN- TONITE (ご)	FILL	FILTER PACK (TYPE/SIZE)
50	38		x	Steel	30	1	/4"		0	50	x			
460	28	х		Steel	16	1	/4"		50					8x16
590	28		x	Steel	16	1	/4"	0.60		i	- 1			
610	28	x		Steel	16	1	/4"			1				
850	28		x	Steel	16	1	/4"	0.60		i				
1	50 50 590 610	Fi. SO 38 Fi. 28 50 28 500 28 610 28	FI. SONE-THOLE TO DIA. (Inches) 88 50 38 590 28 610 28 x	PFACE BOHE TYPE (≠)	Type (=)	Type (=)	RFACE BORE-HOLE TYPE (=)	Type (=)	RFACE	RFACE	RFACE BORE-HOLE TYPE (=) MATERIAL INTERNAL GAUGE OR WALL IF ANY (Inches) FL to FL to FL	RFACE	RFACE	RFACE

-	W1	IV	CHA	IFV	19	(=)	ŀ

Geologic Log

... Other

- Well Construction Diagram
- Geophysical Log(s)
- Soil/Water Chemical Analyses

ATTACH ADDITIONAL INFORMATION, IF IT EXISTS

CERTIFICATION STATEMENT I, the undersigned, certify that this report is complete and accurate to the best of my knowledge and belief.

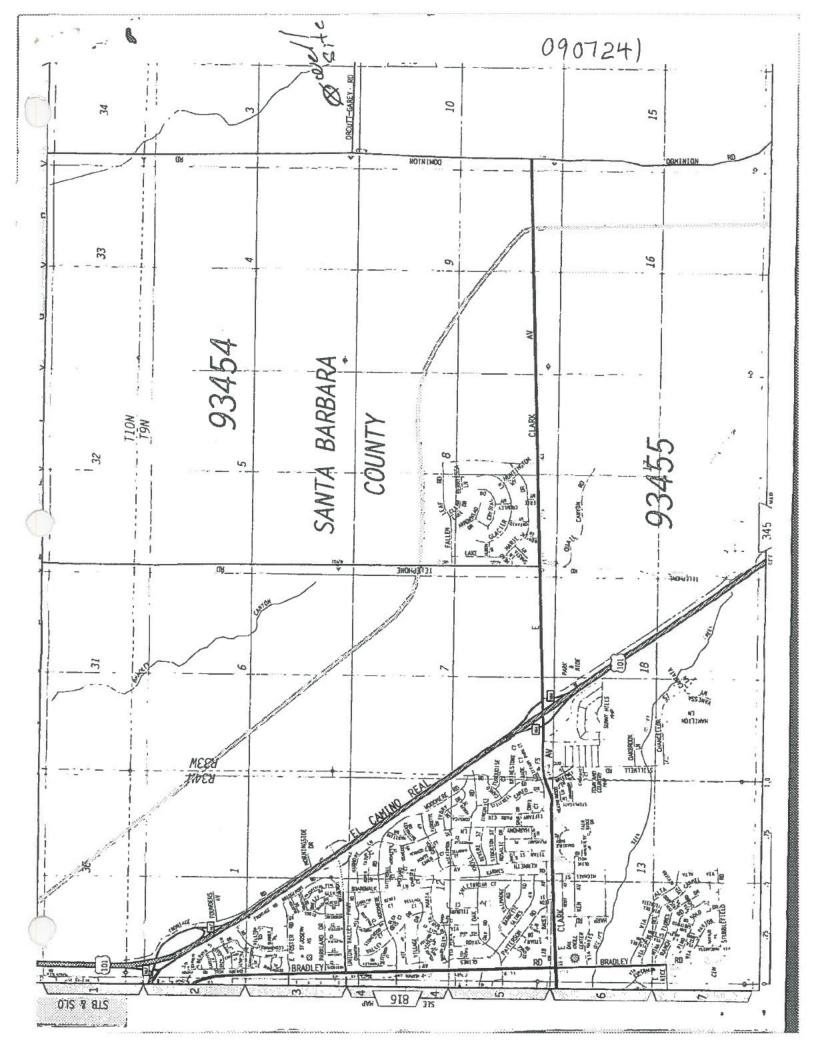
NAME Coast Drilling / Robert Haylock

(PERSON, FIRM, OR CORPORATION) (TYPED OR PRINTED)

Arcturus Ave Lompoc ADDRESS

760755 C-57 LICENSE NUMBER

12-6-04



9N 33W 4

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Permit No	3 ±	a L	a i	ari	Dar Pemili I	Date						AP	N/TRS/	PAHTC	
		GEO	OLOC	CIC	LOG -	5-2	-14		-516		- WELL C	WNE	R		
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DEPTH FROM	BRILLING METHOD		0.10.0		FLU	UID		SM	ailing Address	1 100	gron L.	il p	7 100		
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280 500	San			20	del T	3	27/12	-		- NOF	TP	-Y-1	13/0		EW WELL
500 510	Bros		CI	2	177	-11	27			1	, r		170		CATION/REPAIR
510 520	SEP	3 /	4/2	10	vel (1	Afer all	P1			1		Deepen Other (Specify)
ARRAMERA	11		1)	1	-26	No. of	-	6	7110				1		
620 630					Streak				101	ver !				Pr	ESTROY (Describe ocedures and Materials
030 730	Sam	4 6	3	ोह्य र	d Grave	ì		1		1				USES	nder "GEOLOGIC LOG"; (~)
		1	141	D.				m	Chico Hill	- 1			4	WATER	SUPPLY
		- 77	V .			The second		1000	19100 13111						igation Industrial
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1								-		1	ofic	116	17	R	TEST WELL
								-		3					HEAT EXCHANGE
.				-		-				11.1			- 1		DIRECT PUSH
								CL	ARTANE	8			- 1		INJECTION
					XIII			-	770	-3				VAP	OR EXTRACTION
					<u> </u>			-	lustrate or Describe	so		J. D. IL			REMEDIATION
								Fe	ences, Rivers, etc. a ecessary PLEASE	nd attach i	map Use additi	onal pap	er if	0	THER (SPECIFY)
1	-							-			L & YIELD) V DI	ETED	WELL
i															WELL
1							-		EPTH TO FIRST I		(FL) BE	LOW S	UHFAGE		
		-							ATER LEVEL		(Ft.) & DATE	MEASL	IRED _	4.14	
	-			-	4				STIMATED YIELD			FW 14			-
TOTAL DEPTH OF	BORING _	50	00	(Fe	et)				EST LENGTH			130012		(FL)	
TOTAL DEPTH OF	COMPLETI	ED V	WELL	7	(Feet)				May not be repr	resentatru	e of a well's lon	ig-term	yaeld.		
DEPTH	BORE-		1	v.	C	ASING (S)					DEPTH		ANN	ULAR	MATERIAL
FROM SURFACE	HOLE		PE (:			INTERNAL	GAUG	-	SLOT SIZE	FRO	M SURFACE			TY	PE
FL to FL	DIA. (inches)	BLANK	SCREEN CON-	PP	MATERIAL / GRADE	DIAMETER	OR WA	LL	IF ANY	Ft.	to Ft.	CE- MENT	BEN-	FILL	FILTER PACK
FL to FL		80	805	2		(Inches)	THICKNE	:55	(Inches)	FL.	10 PL	(≤)	(<u>×</u>)	(=)	(TYPE/SIZE)
v : 50	92	Σ	-	\sqcup	Steel	30				0	1 50	45			
0 400	24	X	-	\vdash	Steel	14	244	0		-	- 1	-10			
400 740	24		X	\forall	Steel	14	312		200 010		-				
740, 750	24	X		\vdash	Steel	14	312	. 11	cap 040	-	<u> </u>				8X16
		1		+	00001	1.2	212			1	-1				
ATTACI	HMENTS	(=)	-								STATEMENT			-	
Geologic	Log				I, the unde	ersigned, ce	ertify that t	his i	report is comple	te and a	ccurate to the	best of	my kr	nowledg	ge and belief.
	nstruction Dia	agran	n .		NAME 20	A Thay	hodden in	1	PED OR PRINTED)			197	5 25		
Geophys	sical Log(s)			1.	1000000										
18	er Chemical	Analy	yses		ADORESS	Hago	TOY E	15	Santa A	AT LIL	Cilii	1,1 2,1		STATE	ZIP
Other					Cignad	1/1	. 1/	7			0.73330	71		1700070	523-356-
ATTACH ADDITIONAL I	INFORMATIO	N, IF	IT EX	ISTS.	SignedC-57	MCENSED! WATE	ER WELL CON	TRACT	OR		DA	TE SIGNED)	C	-57 UCENSE NUMBER
			400					-							

Well Permit Application Plot Plan

(Scale 1/4" Block = 20 ft.)

Permit #: SR0109580 APN: 129-020-043

Indicate below the exact location of the proposed well with respect to the following items within 200 ft. of the proposed well: property lines, access roads and easements, existing/proposed structures (surface and subsurface), existing wells; existing/proposed industrial, hazardous, solid waste systems, works or tanks, petroleum product system works or tanks; animal enclosures and/or animal waste storage areas, agricultural operations, watercourses, 100-yr. flood plain and drainage patterns of the property; and well site elevations. Show the actual distance between the proposed well and these items.

	rns of the property; and w				@ a	d Dominion	d Downinion 1 Santa Mari
CLARK AUE	DOMINION RA	MORINGHANDR	Dols vide	YOAC	Old No Miwiow Rd		FOXEVC
	Sewer (Sanitary, Storm of Sepuc Tanks and / or Les (include 100% expansion Seepage Pit / Drywell – (include 100% expansion)	or Bldg.) – achlines – 1 area) 150 ft.	50 fL	☐ Water Bo	dies / Cours	Date: es – 50 ft. cum Product Storage 7	Tanks - 100 ft

EHS 46-1a (Rev 3/06)



Environmental Health Services

225 Camino Del Remedio, Santa Barbara, CA 93110 ◆(805) 681-4900 2125 S. Centerpointe Pkwy., #333, Santa Maria, CA 93455-1340 ◆ (805) 346-8460

March 18, 2015

Arch Dominion LLC 1006 Segovia Circle Placentia, CA 92870

Subject: Completion Report for Water Well Permit, SR#0109580 (Assessor's Parcel Number: 129-020-043 at Old Dominion Rd. & Dominion Rd., Santa Maria, CA)

This Department has reviewed the construction of the subject water well as related to the location of the well and the placement of the annular seal in the upper portion of the bore around the well casing. This work has been completed in conformity with the requirements of the Water Well Standards of the State Department of Water Resources, as adopted by the Santa Barbara County.

If water from this well is intended to be utilized for domestic or drinking purposes it will first be necessary to obtain a Water System Permit from this Department. The permit is required for any water system that will provide water to a dwelling unit or to any structure utilized for commercial or manufacturing purposes, which requires potable water for human consumption or use.

Please contact the undersigned if you have any questions or if you need a Water System Permit Application. I can be reached at 805/346-8461.

Sincerely,

Paul Jenzen, REHS

Senior Environmental Health Specialist

cc:

Assessor's Office

Permit No.	01000	380
Page	of	Pages

ENVIRONMENTAL HEALTH SERVICES SANTA BARBARA COUNTY PUBLIC HEALTH DEPT WELL PERMIT FIELD INVESTIGATION RECORD

WFI I Permit Application Received. Date	13111
Site Investigation By P. JENZEN	Date 9 14 1 14
Findings: (Check applicable boxes and give cleara	nce)
Overhead Power Lines	Animal Enclosure
TIClines	☐ Creek or Watercourse
☐ Leach Field	Petroleum Tank or Pipeline
	Other
MEETS ALL AFFICABLE	SETBACK REGULATIONENS
	M O al
Application Reviewed and Approved: By CLW	Date 9,4,14
Work Investigation Record	
Date 9 / 19/14	Well Site #:
Casing Information	Borehole
Type: Steel 🛱 PVC 🗆 Other 🗆	Total Dept of Well:
Class/Gage/NSF:	Annular Seal Depth: 52
ASTM#:	Well Bore Diameter: 40
Diameter: 30 11 Total Depth:	Sealing Material: 65 Ack SLuft
Casing Schedule	Amount: YARDS
0' - =	Method of Pour: PampED
=	Use of Tremie: YES
	Driller (s):
=	
Comments: Contractor CASING	EM
Final Inspection and Approval/Denial: By_	Date/
Notice of Work Acceptance/Rejections Sen	t to Well Owner On: 3/16/15
W-320P Rev 10/07	

9N33W04AZ CC083

ORIGINA File with Page	DWR	7 N 3	3	W	04	4/	WELL C	lefer to Inst	ETIO	N	REPOR'	T DWR USE		LL NO/	1			
Owner's	Well North Began	2-25	-07	7	Re	, E	Ended 3-3		109	8	076	LATITUDE	1		11	I I I I		
Local I Pern	Permit Age	0704	34	OLO			Perinit I	Date 2-2	20-07	_		WELL O		V/TRS/O	THER			
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530	+ 538	Bron										SIMPO	1111	-		DIRECT PUSH		
538	590	Coa	ME		UZ	7		19571				The state of the s	Ail	al	VAE	NJECTION POR EXTRACTION		
	ī	i										S OA	xy	rac		SPARGING		
										Il	lustrate or Describe	Distance of Well from Ron	ds, Busto	lings,		REMEDIATION		
	i		_		- November					n	ences, Rivers, etc. an eccessary. PLEASE B	Distance of Well from Roa id attach a map. Use addit SE ACCURATE & COMP	LETE.	ser if		J. HER SPECIFT)		
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	— Geologic — Well Cod — Geophys	c Log nstruction D sical Log(s)	iagre	ım				Rom Ja	CORPORATION)	(TY	report is complet Lling PED OR PRINTED)	e and accurate to the	best o	f my kr	nowled	ge and bellef		
ATTACH	Soll/Wat Other ADDITIONAL	er Chemical			77.53	STS.	ADDRESS	CICENSED WATE	/ She	0/	the.	CITY 4	20-C		STATE	2 P 523-858 C-57 LICENSE NUMBER		



Environmental Health Services

225 Camino Del Remedio • Santa Barbara. CA 93110 805/681-4900 • FAX 805/681-4901

2125 S. Centerpointe Pkwy. #333 • Santa Maria, CA 93455 805/346-8460 • FAX 805/346-8485

Elliot Schulman, MD, MPH Director / Health Officer Richard Merrifield, REHS Director of Environmental Health

March 12, 2006



Subject:

Completion Report for Water Well Permit SR#0104840

(Assessor's Parcel Number: 129-020-048)

This Department has reviewed the construction of the subject water well as related to the approval of the location of the well and the placement of the annular seal in the upper portion of the bore around the well casing. This work has been completed in conformity with the requirements of the Water Well Standards of the State Department of Water Resources, as adopted by the Santa Barbara County Water Well Ordinance.

If water from this well is intended to be utilized for domestic or drinking purposes, it will first be necessary to obtain a Water System Permit from this Department. The permit is required for any water system that will provide water to a dwelling unit or to any structure utilized for commercial or manufacturing purposes which requires potable water for human consumption or use.

Please contact the undersigned at the office indicated on this letterhead if you have any questions, or if you need a Water Permit application and a copy of the instructions for completing the form, and for providing the necessary specifications on the system.

Sincerely,

John D. Davies, R.E.H.S.

Environmental Health Specialist

PC: Assessor's Office

Permit	No	U	U	1	C	7 (
Page	_ of		pa	39	es		

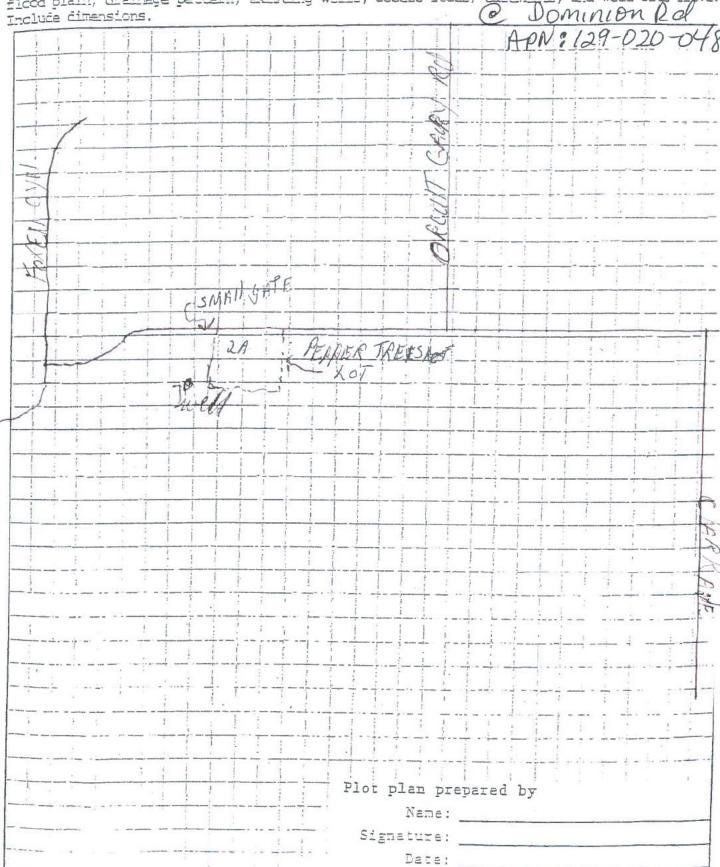
ENVIRONMENTAL HEALTH DIVISION SANTA BARBARA COUNTY HEALTH CARE SERVICES WELL PERMIT PIELD INVESTIGATION RECORD

	7, 20, 0'
Well Permit Application Received: Date	avice Date 2,21,07
Site Investigation By	
Findings: (Check applicable boxes and gi	ive clearance)
Overhead Power Lines	Animal Enclosure
Sewer Lines	Creek or Watercourse
Leach Field	Petroleum Tank or Pipeline
Cesspool/Prywell	Other
Set lade - OX.	
Assessar -OIL	
Application Reviewed and Approved: By	5 Daves Date ? 12/107
Work Investigation Record	Well Site #:
Date 3/9/07	
Casing Information	Borehole (-()
Type: Steel PVC Other	Total Depth of Well: 562
Class/Gage/NSF: SPR-2/	Annular Seal Depth: 57
+ 480	Well Bore Diameter: 17.5
Diameter: 10 Total Depth: 562	Sealing Material: 6- Sciol Content
Casing Schedule	Amount: Syc
0, -282, = Blank	Method of Pour:
292 - 562 = Vert	Use of Tremie:
	Driller(s): Ven Caylor
011	24 04
Comments: 1000 Ca	sing capped has die
Final Inspection and Approval/Denial:	By Date 5/ 7/6/
Notice of Work Acceptance/Rejection Se	nt to Well owner On 3 /12 / 07
W-320P Rev. 12/89	a

Page 3of 3

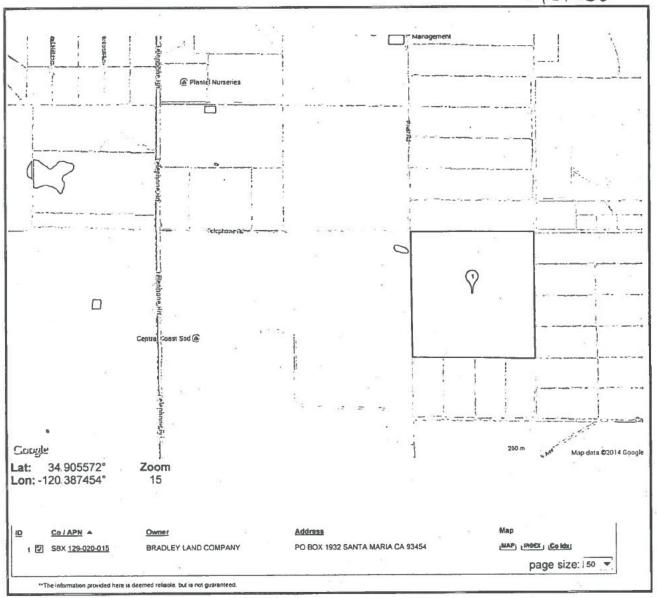
Indicate below the exact location of the proposed well with respect to the following items: Property lines, sewer lines and sewage disposal systems, animal enclosures, watercourses, flood plain, drainage pattern, existing wells, access roads, easements, and well site elevational dimensions.

Ominion Delivered



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	Page of			Refer to Ins	truction P	amphlet		ST	ATE WE	LL NO.	STATIO	ON NO.
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	Solvwat	er Chemical Analyses	ADDRESS	11	15	Jaira, Mar	1a.	CITY			STATE	ZIP
		INFORMATION, IF IT EXISTS	Signed	In	JANO	l .		3-	E SIGNED	3		523-858 C-57 LICENSE NUMBER
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225 Camino Del Remedio, Santa Barbara, CA. 93110 ◆(805) 681-4900 2125 S. Centerpointe Pkwy., #333, Santa Maria, CA 93455-1340 ◆ (805) 346-8460

34 53 36,38

October 1, 2014

Bradley Lands PO Box 1932 Santa Maria, CA 93456

Subject: Completion Report for Water Well Permit #SR0108730

(Assessor's Parcel Number: 129-010-011, 3700 Telephone Rd., Santa Maria, CA)

This Department has reviewed the construction of the subject water well as related to the location of the well and the placement of the annular seal in the upper portion of the bore around the well casing. This work has been completed in conformity with the requirements of the Water Well Standards of the State Department of Water Resources, as adopted by the Santa Barbara County.

If water from this well is intended to be utilized for domestic or drinking purposes it will first be necessary to obtain a Water System Permit from this Department. The permit is required for any water system that will provide water to a dwelling unit or to any structure utilized for commercial or manufacturing purposes, which requires potable water for human consumption or use.

Please contact the undersigned if you have any questions or if you need a Water System Permit Application. I can be reached at 805 346-8461.

Sincerel

Paul Jenzen, Senior REHS

Environmental Health Specialist

cc: Assessor's Office



Environmental Health Services

225 Camino Del Remedio, Santa Barbara, CA. 93110 ◆(805) 681-4900 2125 S. Centerpointe Pkwy., #333 ◆ Santa Maria. CA 93455-1340 ◆ (805) 346-8460

ENVIRONMENTAL HEALTH SERVICES DIVISION WELL PERMIT FIELD INVESTIGATION RECORD

2/1/	
Well Permit Application Received: Date: 2/8/13	Well Permit Number: SR 108730
Owner BRADELY LAWN CO.	APN 129 1010 1011
Site Investigation by: M1. Schmae Ing Findings: (Check Applicable Boxes and Give Clearance) Overhead Powerlines Sewer Lines Deachfield/Septic Tank Cesspool/Drywell Comments: PHOTOMASPICE DEACH A TIMCHED	Date: 2/5//3 Manimal Enclosures Creek/Watercourse Petroleum Tank/Pipeline Other
Construction Inspection Record:	
Date: 2/22/13 Driller RTATLER	☐ Destruction:
Registered Professional	Casing Depth Below Grade:
Casing Information:	Borehole:
Diameter Gage Z	Total Depth of Well:
☐ Steel ☐ Standard linepipe ☐ Structural Steel ☐ ABS ☐ PVC ☐ Standard 14 NSF	Annular Seal: (20' Ag & SPWS; 50' >5 conn. & commercial) Well Bore Diameter:
□ Other:	Sealing Material:
Casing Schedule: TYPE Conductor Casing:	Amount:
0 ft 470 = BONN Borehole:- 374 474	

Well Permit Application Plot Plan

(Scale 1/4" Block = 20 ft.)

Permit #:	SR0108730
APN:	

Indicate below the exact location of the proposed well with respect to the following items within 200 ft. of the proposed well: property lines, access roads and easements; existing/proposed structures (surface and subsurface); existing wells; existing/proposed industrial, hazardous, solid waste systems, works or tanks; petroleum product system works or tanks; animal enclosures and/or animal waste storage areas; agricultural operations; watercourses, 100-yr. flood plain and drainage patterns of the property; and well site elevations. Show the actual distance between the proposed well and those items.

OPEN FIEld NEW BABE FARMS CLARK ADK Date: Dept. Use Only: Site Reviewed By: Sewer (Sanitary, Storm or Bldg.) - 50 ft. ☐ Water Bodies / Courses - 50 ft. ☐ Underground Petroleum Product Storage Tanks - 100 ft ☐ Septic Tanks and / or Leachlines - 100 ft. (include 100% expansion area) Other: ☐ Seepage Pit / Drywell - 150 ft. (include 100% expansion area)

EHS 46-1a (Rev. 3/06)

QUADRUPLICATE STATE OF CALIFORNIA STATE OF CALIFORNIA REPO

For Local Requirements	WELL COMPLETION REPORT	1	STA	TE WEL	LNC)/STA
Page of Owner's Well No	Refer to Instruction Pamphlet No. 1082623	LATITL	I		Γ	1
Date Work Began	Ended A MARIA			APN	1	OTHE
Permit No. SROIDSE	J 7 J Permit Date 10-13-08	V		AF IS		VINE

STATE WELL NO STATION NO	
LATITUDE LONGITUDE	i

ORIENTATION (±)	DRILLING FLUID DESCRIPTION	Name
Ft. to Ft.	Describe material, grain size, color, etc.	Address 28 95 WELL LOCATION VILA WY
D : 40	SANDY FOR SOIL	Address
40 150	COHES, SPARY OF SOME	City
1 V d 9	CAN TO BE WELL WAS BURELY	APN Rook Page Parcel /27-020 US3
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160 1220	THE REST CONTRACTOR OF THE PARTY OF THE PART	Township Range Section
	LOUIS CAN THE WAY THE	Lat N Long W DEG MIN SEC
-50	TEACH STEAMS TANK	LOCATION SKETCH ACTIVITY (\(\perceq\))
761	CRES CONTRACTOR	NORTH NEW WELL MODIFICATION/REPAIR
7.51/ 12 0	JATHA BANKER	5 (5 × 7) Deepen
R. 190	EFE 2 VXX 350	Other (Specify)
440 515	JERRED Y AS G STAFAS	DESTROY (Describe
1 11	OS JAINE STANT	Procedures and Materials Under "GEOLOGIC LOG")
1 13	1 // 2018/3	USES (∠)
1	1-2	WATER SUPPLY
1	I and the second	Domestic Public Industrial
ì		EAST EAST
		TEST WELL
1	ī	CATHODIC PROTECTION HEAT EXCHANGE
	i	DIRECT PUSH
	1	INJECTION
		VAPOR EXTRACTION
	1	SPARGING SPARGING REMEDIATION
1		Illustrate or Describe Distance of Well from Roads, Buildings, Fences, Rivers, etc. and attach a map. Use additional paper if necessary PLEASE BE ACCURATE & COMPLETE.
1	1	WATER LEVEL & YIELD OF COMPLETED WELL
- 	1	DEPTH TO FIRST WATER (Ft.) BELOW SURFACE
	1	DEPTH OF STATIC WATER LEVEL
l i	1	ESTIMATED YIELD (GPM) & TEST TYPE
	BORING Feet	TEST LENGTH (Hrs.) TOTAL DRAWDOWN (Ft.)
TOTAL DEPTH OF	COMPLETED WELL(Feet)	*May not be representative of a well's long-term yield.

n	EPT	н							CASING (S) DEPTH				ANNULAR MATERIAL					
FROM	SUF	RFACE	BORE- HOLE	1	TYPE (=		4)						SU	RFACE			TY	PE
Ft.	to	Ft.	DIA. (Inches)	BLANK	SCREEN	CON-	FILL PIPE	MATERIAL / GRADE	INTERNAL DIAMETER (Inches)	GAUGE OR WALL THICKNESS	SLOT SIZE IF ANY (Inches)	Ft.	to	Ft.	CE- MENT ()	BEN- TONITE	(=)	FILTER PACK (TYPE/SIZE)
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ATTACHMENTS (∠)	CERTIFICATION I, the undersigned, certify that this report is complete and a		v knowledge :	and belief.
Geologic Log Well Construction Diagram	WHE THEN VOD WERYOLD		an ada a	
Geophysical Log(s)	(PERSON, FIRM, OR CORPORATION) (TYPED OR PRINTED)	5100	ends a	
Soil/Water Chemical Analyses Other	ADDRESS	CITY	STATE	ZIP
ATTACH ADDITIONAL INFORMATION, IF IT EXISTS.	Signed C-57 LICENSED WATER WELL CONTRACTOR	DATE SIGNED	C-57	LICENSE NUMBER



Environmental Health Services

225 Camino del Remedio

* Santa Barbara, CA 93110 805/681-4900 * FAX 805/681-4901
2125 S. Centerpointe Pkwy. #333 * Santa Maria, CA 93455-1340 805/346-8460 * FAX 805/346-8485

Rick Merrifield Director of Environmental Health

July 13, 2009



Subject: Completion Report for Water Well Permit SR*0105857 (Assessor's Parcel Number: 129-020-053 at 3895 Dolte Vita Way)

This Department has reviewed the construction of the subject water well as related to the approval of the location of the well and the placement of the annular seal in the upper portion of the bore around the well casing. This work has been completed in conformity with the requirements of the Water Well Standards of the State Department of Water Resources, as adopted by the Santa Barbara County Water Well Ordinance.

If water from this well is intended to be utilized for domestic or drinking purposes, it will first be necessary to obtain a Water System Permit from this Department. The permit is required for any water system that will provide water to a dwelling unit or to any structure utilized for commercial or manufacturing purposes which requires potable water for human consumption or use.

Please contact the undersigned at the office indicated on this letterhead if you have any question.

Sincerely.

Louise A. Harding, R.E.H.S. Environmental Health Specialist

PC: Assessor's Office

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Page	of	 pa	ge	S

ENVIRONMENTAL HEALTH DIVISION SANTA BARBARA COUNTY HEALTH CARE SERVICES WELL PERMIT FIELD INVESTIGATION RECORD

0105857

WELL PERMIT TIMES II	17 06
Well Permit Application Received: Date	10/12/00
Site Investigation By	wirs Date / /
Findings: (Check applicable boxes and gi	ive clearance)
Overhead Power Lines	Animal Enclosure
Sewer Lines	Creek or Watercourse
Leach Field	Petroleum Tank or Pipeline
Cesspool/Prywell	Other
Solonics - OK	
1 58550x - 011	
Application Reviewed and Approved: By_) Juices Date 16/14/08
Work Investigation Record	_
Date 1/17,7008	Well Site #:
Casing Information	Borehole 470
Type: Steel PVC Other	
Class/Gage/NSF: SPE 71	ADDILLAT SEAL MEDILL:
F 480	Well Bore Diameter: 12 /4/
Diameter: 8/ Total Depth: 4/0	_ Sealing Material:
Casing Schedule	Amount:
0' - 170 = Blence	Method of Pour:
_170 - 470 Screin	Use of Tremie: Yes 30
	Driller(s):
	Dr. Hivs
Company	a casing capped this dete
Condicises	1
Final Inspection and Approval/Denial:	by Woll owner On / /
Notice of Work Acceptance/Rejection S	ent to well owner ou
W-320P Rev. 12/89	

		(.087							
ORIGINAL	99N 33WO 4 WELL COMPLETION	ORNIA DWR USE ONLY - DO NOT FILL IN							
Page of	Refer to Instruction E	Pamphlet STATE WELL NO./STATION NO							
Owner's Well No	1 No. 109	18063							
Date Work Began	10-08-08 , Ended 10-26-08 cy Santa Barbara Co	LATITUDE CONGITUDE							
Permit No. SRC	01.05836 Permit Date 9-29-08	APN/TRS/OTHER							
	CEOLOGIC LOG	211 00 20 07							
ORIENTATION (∠)	X VERTICAL HORIZONTAL ANGLE (SPECIFY) ORILLING Rotary FLUID Mud	39 55 20181							
DEPTH FROM SURFACE	DESCRIPTION	120 21 1.88							
FI. to FI.	Describe material, grain size, color, etc.	Address 3810 Dominion Rd							
	Sand Sandy Clay	Address 3810 Dominion Rd City Santa Maria Calif 93455							
85 105 3	Sand & Gravel	County Santa Barbara (045)							
105 150	Sandy Clay	APN Book Page Parcel _129_020_45_00							
	Sand & Glavel Brown Clay	Township							
235 270 8	Sand & Gravel	DEG. MIN. SEC. DEG. MIN. SEC. LOCATION SKETCH ACTIVITY (\(\pe\))							
300 370 I	Brown Clay	NORTH X NEW WELL							
370 400	Sand & Gravel Brown Clay	FOXEN CYN MODIFICATION/REPAIR Deepen							
400 460	Sand Gravel	Other (Specify)							
480 525	Brown Clay Sand & Gravel	38/1 Dozy DESTROY (Describe Procedures and Malurals							
525 535	Brown Clay	Under "GEOLOGIC L USES (∠)							
535 600	Sand & Gravel	WATER SUPPLY Domestic Public							
600 615	Brown Clay	70 Irigation Industrial Monitoring Monitoring							
		TEST WELL							
		CATHODIC PROTECTION —— HEAT EXCHANGE —							
		DIRECT PUSH							
		CLARK AUE & VAPOR EXTRACTION							
		SPARGING							
		Illustrate or Describe Distance of Well from Roads, Buildings, Fences, Rivers, etc. and attach d map. Use additional paper if necessary, PLEASE BE ACCURATE & COMPLETE. OTHER (SPECIFY)							
		WATER LEVEL & YIRLD OF COMPLETED WELL							
		DEPTH TO FIRST WATER (FL) BELOW SURFACE							
		DEPTH OF STATIC WATER LEVEL 313 (FL) & DATE MEASURED 1.1-2-08							
1 1	645	ESTIMATED YIELD . 275 (GPM) & TEST TYPE Pump							
TOTAL DEPTH OF BO	580	TEST LENGTH 24. (Hrs.) TOTAL DRAWDOWN 1.4. (Fl.) * May not be representative of a well's long-term yield.							
	CASING (S)	ANIMITY AD MATTERIAL							
FROM SURFACE	BORE- HOLE TYPE (∠)	FROM SURFACE TYPE							
	DIA. (Inches) BUS SUBJECT OF WATERIAL GRADE (Inches) THICKNI	LL FANY MENT TONITE FILL FILTER PACK							
Ft. lo Ft.		$(\overline{\sim})(\overline{\sim})(\overline{\sim})$							
380 580	16 X PVC 8 SDR. 16 X PVC 8 SDR.	-21							
1	1.6 X PVC 8 SDR	-21 040 Montery							
ATTACHI	MENTS (∠)	this report is complete and accurate to the best of my knowledge and belief.							
Geologic L									
Geophysic	cal Log(s)								
	r Chemical Analyses 2801 Machoney 1	Rd Santa Maria Caprif 93455 STATE ZIP							
Other	Stoned Par VAL	10-26 523-858							
DWR 188 REV 05-03	G-37 LIGENSED WHIER SELL GO	NTRACTOR DATE SIGNED C-57 LICENSE NUMBER EXT CONSECUTIVELY NUMBERED FORM C-57 LICENSE NUMBER OSP 03 788							